HEARTS

GUIDE

A Guide for the **Introduction** of **Culturally Sensitive** and **Community-Based Mental Health** Promotion in **Higher Education**

Co-funded by the European Union

HEARTS
heartsproject.eu

This handbook has been developed within the framework of the project "***HEARTS: Higher Education Action Response for Trauma Support"*** *(Project n°: 2023-1-ES01-KA220-HED-000158841).* This publication reflects the views only of the authors and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Year of publication: 2025

HEARTS Project partners:

- ISOR - UAB | Universitat Autònoma de Barcelona (Spain): www.isor.cat
- SCT Centre - COREP | Consorzio per la Ricerca e l'Educazione Permanente Torino (Italy): www.corep.it
- CIS- Iscte | Instituto Universitario de Lisboa (Portugal):
- CRES - UM | Università ta Malta (Malta): www.um.edu.mt/cres
- UNICA | Università degli Studi di Cagliari (Italy): www.unica.it
- IUHPE | International Union for Health Promotion and Education (France/ International): www.iuhpe.org

License

This publication is available under the Creative Commons license (attribution, share alike, non-commercial).

Co-funded by the European Union

Authors

ISOR | UAB

María Esther Fernández Mostaza, PhD. Department of Sociology (Universitat Autònoma de Barcelona). MariaEsther.Fernandez@uab.cat

Irantzu Casajús Vallés, MA. Department of Sociology (Universitat Autònoma de Barcelona).

SCT CENTRE | COREP

Alessandra Rossi Ghiglione, PhD, Director of Social Community Theatre Centre (University of Turin - COREP). alessandra.ghiglione@unito.it

Fabrizio Stasia, MA, Social Community Theatre Centre

Irene Iuliano, MA, Social Community Theatre Centre

CRES | UM

Carmel Cefai, PhD, Centre for Resilience and Socio-Emotional Health, University of Malta. carmel.cefai@um.edu.mt

Chantal Avellino, PhD, Department of Psychology, University of Malta. chantal.avellino@um.edu.mt

Rachel Spiteri, MSc, Centre for Resilience and Socio-Emotional Health, University of Malta. rachel.spiteri@um.edu.mt

CIS_Iscte

Carla Moleiro, Ph.D., Associate Professor, Centre for Psychological Research and Social Intervention, Instituto Universitário de Lisboa. carla.moleiro@iscte-iul.pt

Gustavo Aybar Camposano, Ph.D., Research Assistant, Centre for Psychological Research and Social Intervention, Instituto Universitário de Lisboa. Gustavo_Aybar@iscte-iul.pt

UNICA

Alessandra Mereu , PhD, Associate Professor, Department of Medical Science and Public Health, University of Cagliari. amereu@unica.it

Claudia Sardu, PhD, Associate Professor, Department of Medical Science and Public Health, University of Cagliari. csardu@unica.it

Table of Contents

Chapter 1 Introduction *8*

1.1 The HEARTS Project 8
1.2 What is the HEARTS Framework 8
1.3 The HEARTS Guide 9
1.4 Who is the Guide for 10

Chapter 2 Guidelines for Identifying Mental Health Promotion Needs *12*

Introduction 12
2.1 Research Questions, Assessment Tools and Methodologies 12
2.2 Mapping Support Structures and Institutional Gaps 12
2.3 Surveys 16
2.4 Semi-structured Interviews 19

Chapter 3 Guidelines for Applying the HEARTS Framework in Practice *23*

3.1 The HEARTS Framework 23
3.2 The HEARTS Framework Components 25
Applied Learning Paths of the HEARTS Framework *27*
3.2.1. Health Promotion through Socio-Creative Approaches *27*
3.2.2 Health Promotion through Social Inclusion *30*
3.2.3 Health Promotion through Mindfulness & Resilience *32*
3.2.4 Health Promotion through Salutogenic, Participatory Approach *35*
3.2.5 Health Promotion through Theatre *38*
3.3 Adapting and implementing the HEARTS framework to local contexts 40
3.4 Monitoring Progress and Participant Feedback 44

Chapter 4 Guidelines for Academic Recognition & Evaluation of Impact *47*

4.1 Academic recognition through ECTS, micro-credentials and certification 47
4.2 Applying HEARTS Framework in lifelong learning and professional development 50
4.3 Evaluating outcomes and sustainability 51
Sustainability *53*

Chapter 5 Good Practices from the HEARTS Framework Pilot Project *57*

Introduction *57*
5.1 Good practices identified from the HEARTS Framework pilot implementation 57
Facilitate University Death Café to Address Grief and Loss *57*
Adapt the Ikigai Framework to Mental Health *58*
Apply Theatre of the Oppressed and Character Creation to Explore University Conflicts *58*
Facilitate Experiential and Group Exercises on Inclusion and Mental Health *59*
Incorporate Mindfulness and Grounding Exercises *59*
Use Campus Mapping to Foster Inclusion *59*
Starting The Sessions With Icebreaker Activities *60*
Use Role-Playing for Safe Exploration of Health Challenges *60*
Create Playful and Creative Settings for Simulation *60*

5.2 Most impactful parts of the HEARTS workshops 61
5.3 Transnational Collaboration: Building Networks for the HEARTS Framework 64

Chapter 6 Testimonials from Participants in the Pilot Project 65

Chapter 7 Recommendations and Future Directions 72

Introduction 72
7.1 Policy and curriculum recommendations 72
7.1.1 Campus climate 72
7.1.2 Policy 73
7.1.3 A Department for Diversity, Equity and Inclusion 73
7.1.4 Curriculum and Pedagogy: The HEARTS Framework 73
7.1.5 Mental health and wellbeing services 74
7.2 Recommendations for further research and practice 75
7.3 Conclusion: Connecting across Europe: transnational collaboration and shared resources 76

References and Suggested Readings 78

Impressum 80

Appendix 82

HEARTS Information Brochures 82

HEARTS

Chapter 1
INTRODUCTION

Chapter 1 Introduction

1.1 The HEARTS Project

The *Higher Education Action Response for Trauma Support (HEARTS)* is an Erasmus+ project (Project Number: 2023-1-ES01-KA220-HED-000158841) which sought to develop **innovative methods and strategies for mental health promotion in higher education**, focusing primarily on **trauma prevention and support, with a particular interest in those belonging to minority groups**. The project is a partnership between five European institutions, namely ISOR - Universitat Autònoma de Barcelona (Spain) (project coordinator), CIS-ISCTE - Instituto Universitario de Lisboa (Portugal), CRES - Universita' ta' Malta (Malta), UNICA - Università Degli Studi di Cagliari (Italy), Social Community Theatre, Torino (Italy) and IUHPE - International Union for Health Promotion and Education (France).

The HEARTS project seeks to **increase the quality of mental health promotion in higher education institutions**, while addressing common needs and priorities. It also aims to **promote the inclusion of vulnerable groups who are more susceptible to discrimination, exclusion and marginalisation**, such as persons with disabilities, those from migrant backgrounds, those fleeing war, victims of violence, those facing gender inequalities, socio-economic difficulties and other potential sources of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. It aims to help create **inclusive learning environments** in higher education institutions and **inclusive spaces** in the broader community, **build capacity for transnational cooperation** among higher education institutions in addressing mental mental health promotion and **enable change among higher education communities** through training and accessible resources that promote awareness and resilience-building in mental health.

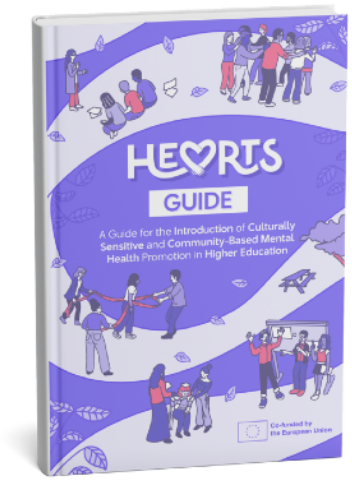
HEARTS
PROMOTING MENTAL HEALTH TOGETHER

1.2 What is the HEARTS Framework

The HEARTS Framework combines **inclusion, diversity, cultural sensitivity and a community-based approach to mental health and wellbeing in higher education within a participatory, interactive and transdisciplinary methodology**. It has been developed by the project partners through a comprehensive needs assessment at each partner institution, followed by a series of mental health promotion activities and workshops, and taking the subsequent evaluation from participants into consideration before finalising the proposed frameworks. This resulted in a framework designed to respond to the **real, contextualised needs of the students and staff who make up university communities, with a special emphasis on including those who form part of vulnerable groups, who are more susceptible to traumatic experiences**. The framework is based on a coherent theoretical and methodological approach, promoting mental health from different perspectives, namely **socio-creative approaches, theatre, social inclusion, a salutogenic, participatory approach, and mindfulness and resilience**. It provides a training proposal in the form of active workshops in order to improve wellbeing, develop personal and collective mental health promotion skills, share knowledge on concepts related to mental health, and disseminate information on the health services available in each context.

1.3 The HEARTS Guide

The HEARTS Guide is the final resource developed within the HEARTS project. It has been co-created by the consortium partners, drawing on insights and experiences gained from previous project outcomes; the *HEARTS Foundation Bricks Report* and the *HEARTS Activity Handbook*.


HEARTS
GUIDE
A Guide for the Introduction of Culturally Sensitive and Community-Based Mental Health Promotion in Higher Education

The *HEARTS Foundation Bricks Report* consisted of a comprehensive needs assessment exercise across the five partner universities through surveys, interviews and service mapping. This provided both a transdisciplinary and an intercultural perspective on the mental health challenges currently faced by European higher education institutions (see Chapter 2). Following this, various mental health promotion activities and workshops were designed collaboratively by the project partners to engage higher education staff and students in trauma prevention and support in higher education institutions. These were piloted with students and staff at the five participating universities and were subsequently used to develop the *HEARTS Framework* and published in the *HEARTS Activity Handbook*. The HEARTS Framework has been developed as a tool for mental health promotion in higher education institutions (see Chapter 3).

The HEARTS Guide builds on the knowledge generated throughout the project, including feedback and reflections from the pilot phase and offers recommendations and practical guidelines;

(1) To **increase the quality of mental health promotion and trauma prevention**, in order to support staff and students in higher education.

(2) To **promote the inclusion of staff and students in higher education institutions** who are more vulnerable to experiencing trauma.

(3) To **build the capacity of higher education institutions in order to co-operate and work transnationally** in addressing mental health promotion and trauma support.

(4) To **enable change within higher education institutions through accessible resources** that allow for the mainstreaming of mental health promotion, awareness of trauma prevention, as well as support and resilience-building,.

This includes:

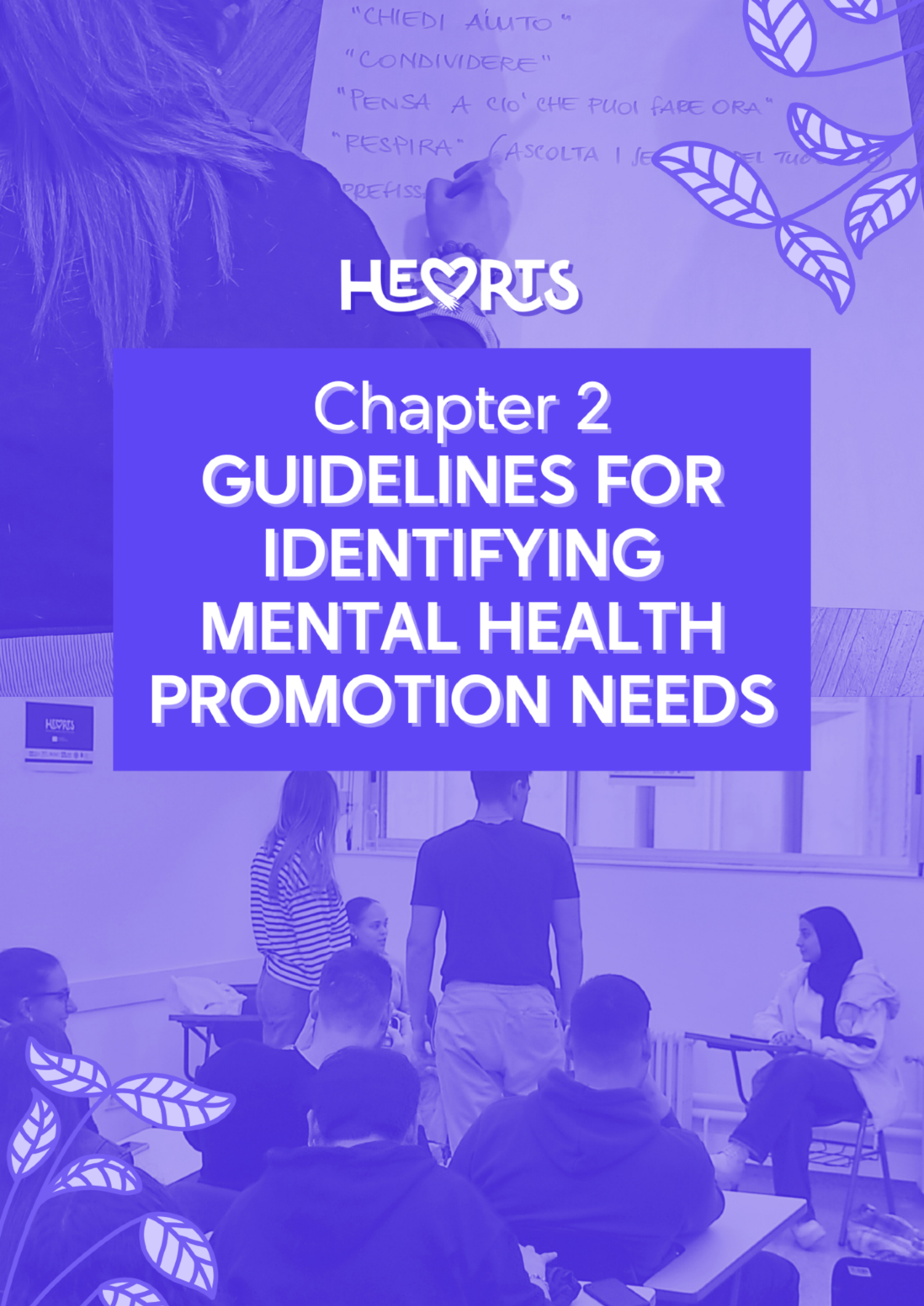
- **Chapter 1** introduces the HEARTS project and its overall approach to mental health promotion in higher education.
- **Chapter 2** presents guidelines for higher educational institutions in Europe to assess health promotion needs through a needs analysis exercise.
- **Chapter 3** provides a detailed description of the HEARTS Framework together with guidelines for applying it in practice.
- **Chapter 4** presents a set of guidelines for obtaining academic recognition and conducting an evaluation of impact.
- **Chapter 5** covers the good practices which emerged from the HEARTS pilot experiences.
- **Chapter 6** presents testimonials from participants in the HEARTS pilot workshops.
- **Chapter 7** includes recommendations and suggestions for future directions.

- An **Appendix** at the end of this Guide presents the **HEARTS Information Brochures**, which summarise the framework and the local mental health support networks in a visual, ready to use format for each partner university

1.4 Who is the Guide for

The HEARTS Guide provides **guidelines and recommendations for higher education institutions to support effective interventions in mental health promotion, particularly for students coming from a marginalised background, through the use of the HEARTS Framework**. It includes guidelines on how to identify health promotion needs and how to implement the HEARTS Framework, whilst supporting marginalised and vulnerable groups in higher education institutions to ensure that they receive the necessary support, by **fostering inclusivity**, **raising awareness** and **building resilience**. It seeks to do so, however, without underlining differences and vulnerability so as to avoid stigmatisation. Ultimately, **the HEARTS Guide makes it possible to mainstream mental health promotion and trauma support** beyond the project partnership, by making it accessible to other higher education institutions.

The HEARTS Guide is intended for university staff (both academic and non-academic) as well as health promotion professionals and all those engaged in fostering inclusive, safe and culturally sensitive higher education environments. At the same time, **any member of the university community** (including students, researchers and administrators) can explore this guide and **draw on its content and methodologies**, which can be **adapted to different institutional contexts** and used as a foundation to **co-create inclusive, community-based strategies for mental health promotion**.



Chapter 2
GUIDELINES FOR IDENTIFYING MENTAL HEALTH PROMOTION NEEDS

Chapter 2 Guidelines for Identifying Mental Health Promotion Needs

Introduction

This chapter provides practical tools for identifying the mental health and wellbeing needs of higher education communities. It presents the research questions, assessment tools and methodologies used as part of the HEARTS Framework needs analysis. It provides information on mapping support structures and identifying institutional gaps and gives examples of good practices and barriers to health promotion identified by the partner institutions.

2.1 Research Questions, Assessment Tools and Methodologies

The HEARTS Framework for needs assessment integrates principles from **health promotion, social inclusion and resilience methodologies, with transdisciplinary approaches**, such as the **performing arts, sociological perspectives on spirituality, trauma-based approaches and intercultural competencies**. It aims to answer the following research questions;

1. What are the **specific mental health needs of students and staff** in higher education?
2. What **barriers hinder and what facilitators enhance, the promotion of mental health** within higher education institutions and their respective communities?
3. Which **health promotion strategies are effective** in higher education institutions?
4. How do **the arts, social connections, social inclusion, spirituality and interculturality** contribute to **mental health promotion and positive coping skills** among university students and staff?
5. How well are **the diverse mental health needs of social minority groups within higher education being addressed** and where are the gaps?

In answering these research questions, the needs assessment can then be used to develop **transdisciplinary and effective mental health promotion strategies**, suitably adapted to the **unique requirements of higher education institutions** and their communities in Europe. It is also crucial to ensure the successful adaptation of the HEARTS Framework across different contexts.

The needs assessment comprises of **three main components**; **a mapping exercise** of the mental health services already available at the respective higher educational institution, **online self-report surveys** and **semi-structured interviews** with both university students (undergraduate and Masters level) and staff (including both academic and non-academic staff and PhD students). The surveys and interviews seek to gain a better understanding of the mental health and wellbeing needs of students and staff in order to be better informed about the support they require. **Further information on the needs assessment may be found in the *HEARTS Foundation Bricks Report***.

2.2 Mapping Support Structures and Institutional Gaps

The mapping of mental health services within a higher education institution involves collating information from two primary sources. First, by **gathering information that is readily available** directly from the higher education institution through reports, internal resour-

ces and information that is available on their online platforms. Second, by **conducting interviews with one or more stakeholders** who are directly involved in either managing or providing the mental health services at the institution. These stakeholders may be selected based on their expertise and availability.

A semi-structured interview protocol has been developed in order to guide the interview with stakeholders (see Figure 2.1, below). This covers the processes of **how university students and staff may access mental health services**, the **most common concerns presented**, along with the **services that are most frequently provided**, including services for those with diverse needs and/or those who form part of a vulnerable group. Figure 2.1 provides the semi-structured interview protocol for interviews to be conducted with service providers in mapping the mental health support services at the institution.

Figure 2. 1 *Semi-Structured Interview Protocol*

Interview Protocol for the Mental Health Service Mapping

Brief: We would like to ask you some questions to better understand the mental health services provided here at [insert university name]. These will be questions about your day-to-day use of services, what you think about the services and what you believe could improve. We would like to let you know that the information you provided will and cannot be linked to you in any way, so please feel free to tell us exactly what you think. There are no wrong answers. Are you ready to begin?

1. Can you walk me through the process of how students and staff usually seek help and access the mental health services here at [insert university name]?
2. What are the most common needs, concerns and difficulties you come across? What are the most common forms of help you provide?
3. What is the number of persons seeking mental health support? Do you have any approximate or concrete numbers (daily, monthly or even annually)? Do you see both students and university staff?
4. What other health and wellbeing services and resources inside or outside the university are available to university members seeking help? Are there also services or resources available to you to which you may refer those seeking support?
5. How are the needs of those with diverse needs (for example, international students and those with a disability) managed within the service? What resources or accommodations are available to meet their needs?
6. What is your overall impression of how the mental health and wellbeing services function here at [insert university name]?
7. If I were to give you a magic wand to change anything about the mental health services here at [insert university name], what would you change?
8. Is there anything else that you would like to add or that you think was not addressed about how the mental health services function (If yes, please elaborate).

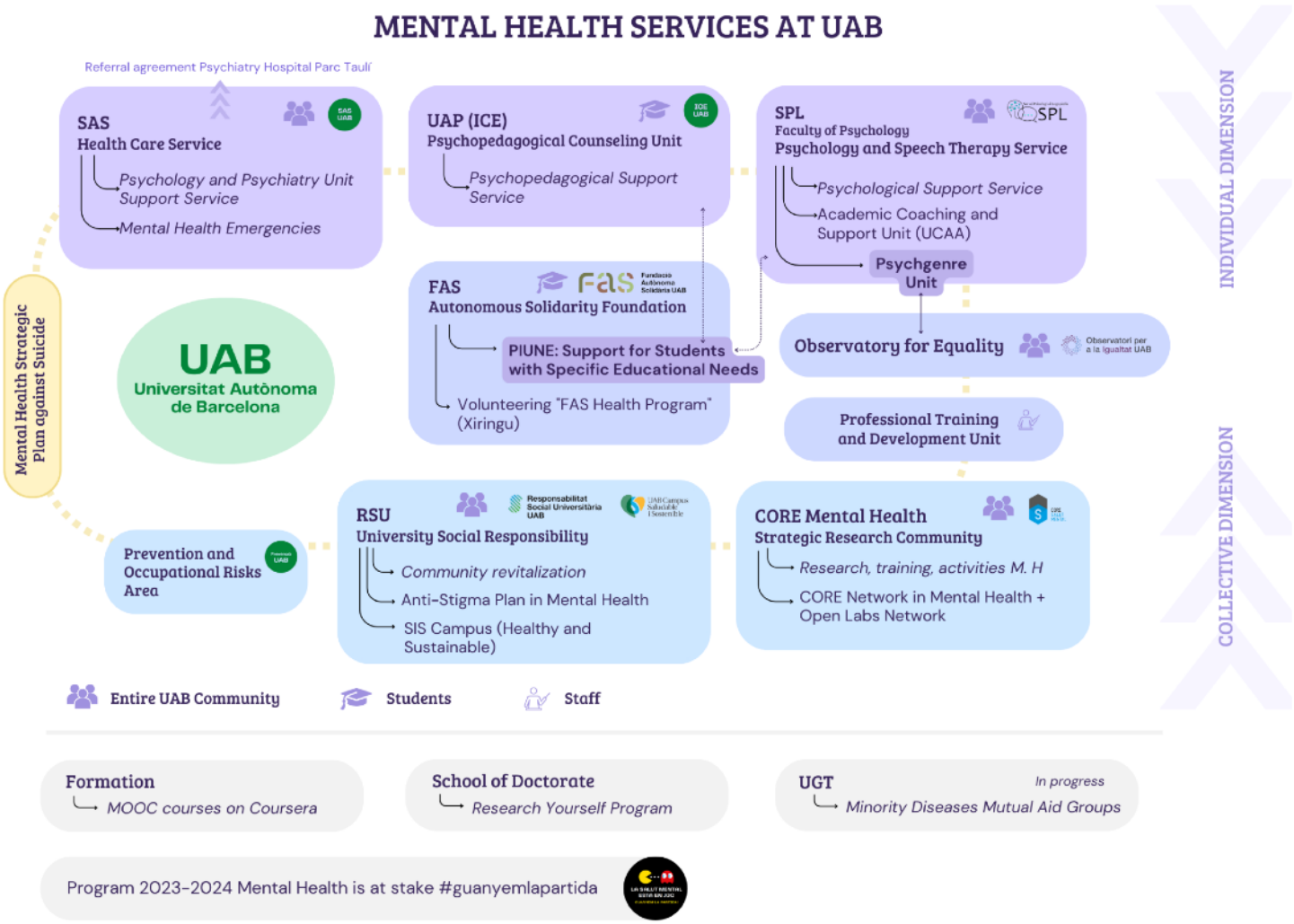
Thank you again for your time!

In order to keep with the HEARTS Framework's transdisciplinary approach to mental health, the **mapping exercise should be kept as broad as possible** and it is encouraged that **a wide range of services are covered**. Some examples of what these may include are; counselling, psychotherapy, healthcare services, health promotion, social services, trauma support, gender-based violence support, anti-bullying and harassment services, diversity, inclusion and equality office, chaplaincy services, research units, international student services, services for students with disability and individual educational needs, sports centres, wellness initiatives and mentoring schemes. Other support services provided by the higher education institution that fall outside of these categories may also be considered and included in the mapping exercise.

Once the service mapping exercise has been completed using the questions outlined earlier, a summary of the findings can be prepared and a flowchart developed, outlining the services available to both staff and students seeking support (see Figure 2. 2). This exercise allows for the **identification of strengths (good practices) and gaps in the services provided** within the particular higher education institution and **helps to inform the subsequent steps on addressing such gaps, through the use of the HEARTS Framework**.

Figure 2. 2

Example of Flowchart Developed by Universitat Autònoma de Barcelona (ISOR)



Examples of good practices and barriers from the five partner institutions within the HEARTS Project

The mapping of mental health services provides valuable insights into how higher education institutions address the mental health needs of their communities. Some examples of good practices and barriers in addressing mental health derived from the HEARTS partner universities' mapping exercises may be found below.

Good Practices

- ***Universitat Autònoma de Barcelona (Spain):*** *PIUNE (Support Service for Students with Specific Educational Needs),* which works to guarantee that every person, independent of any disability, has equal opportunity to access and benefit from higher education and the *Psychegenre Unit* (Psychogender Unit), which provides gender-sensitive support, providing a safe and specialised space for those affected by gender-related issues.
- ***Instituto Universitario de Lisboa (Portugal):*** *Student Counselling Office*, which is dedicated to enhancing student inclusion and wellbeing, with a specialised focus on those with individual educational needs and functional diversity and the *Program IN_Iscte*, a project developed to reduce student drop out, promote academic performance and support at-risk students.
- ***Universita' ta' Malta (Malta):*** Most mental health services are managed and coordinated by the *Health and Wellness Centre*, which collaborates with the services it oversees to provide comprehensive support to students and staff. For example, the *Coordinated Support Network for Early Intervention* provides a collaborative approach to facilitate the appropriate support at an early stage; the *Holistic Support for Crisis Management* offers holistic support to those needing immediate support by various mental health professionals in collaboration with the relevant university departments; and the *Equity Office* seeks to ensure that equity, diversity and inclusion are embedded within all levels of the University.
- ***Università Degli Studi di Cagliari (Italy):*** The *Psychological Counselling Service* offers free, confidential support to help students address emotional and cognitive challenges, as well as addressing issues such as exam anxiety, adaptation difficulties and stress management; the *Service for Inclusion and Learning* supports students with disabilities or academic difficulties by providing them with tailored study assistance and tools.
- ***Social Community Theatre, Torino (Italy):*** *Wellness4Student*, a programme designed to enhance the health and wellbeing of first-year students, uses a personalised approach to integrate physical fitness, psychological health, as well as a healthy diet and body composition to boost overall health; the *Centre for Preventive Medicine and Sports*, offers specialised prevention, assessment and therapeutic services to students, staff, their families and affiliated sports and recreational clubs.

Barriers

- **Intervention over prevention:** Institutions may focus more on providing intervention strategies that address problems as they arise, rather than providing mental health promotion or preventative measures in order to build social and emotional resilience within the community.
- **Variations in support offered to particular underrepresented communities and marginalised groups:** Although there is a growing sensitivity towards the needs of social minorities and marginalised groups, the mental health needs of certain groups may be prioritised over others, resulting in disparities in the support available.
- **Services offered are primarily targeted at students:** Mental health services at higher education institutions or within the university community are primarily tailored towards students and although some institutions do provide support services for staff, there is a significant gap in the mental health promotion, prevention and intervention efforts specifically designed to address the needs of university staff members. A broader vision is required to be consistent with health-promoting settings and health-promoting universities in particular.
- **Barriers to access of services:** Many higher education institutions face significant barriers to access, often related to the available resources. These include challenges related to long waiting times, difficulties in referring staff and students between different services, the lack of a central hub to direct staff and students to the most appropriate service or in some cases, the complete absence of mental health services within the university, whereby these services are outsourced and require payment for access.
- **Limited holistic and transdisciplinary approaches:** Higher education institutions may focus on providing services such as psychotherapy/counselling, forsaking more universal, diverse and integrative approaches (e.g. group interventions, the arts, spirituality, sports) that promote mental health for all.

2.3 Surveys

An online self-report survey, completed anonymously, may be used to gather information on the mental health and socio-demographic characteristics of the students and staff within a higher education institution. The socio-demographic characteristics may include gender, religion, disability status, sexual orientation, relationship status, migration status, race and ethnicity, degree being pursued by a student, whether a student works or not, type of employment in the case of staff and highest level of education attained. This helps to gain a better understanding of those forming a part of social minority groups within the institution.

The survey collects data on the mental health needs of university students and staff and the factors influencing their mental health. The six variables measured in the survey include;

- ***mental health*** (Mental Health Continuum, MHC-SF, Keyes, 2009),
- ***academic wellbeing*** (Student Subjective Wellbeing Questionnaire, SSWQ, Renshaw, Long & Cook, 2015),
- ***university identification*** (Multidimensional Scale of Social Identification, Leach, van Zomeren, Zebel, Vliek, Pennekamp, Doosje, Ouwerkerk & Spears, 2008),
- ***cultural identification*** (Single-item Social Identification, SISI, Postmes, Haslam & Jans, 2013),
- ***university social support / family & friends social support*** (Perceived Social Support Scale, van Dick & Haslam, 2012) and
- ***mental health self-stigma*** (Self-Stigma of Seeking Help, SSOSH, Vogel, Wade & Haake, 2006) (see Table 2.1).

Table 2.1

Measures Used in the Online Self-Report Survey

Variable	Measure	Author	Original or Adapted
Mental Health	Mental Health Continuum (MHC-SF)	Keyes, 2009	Original
Academic Wellbeing	Student Subjective Well-being Questionnaire (SSWQ)	Renshaw et al., 2015	Original
University Identification	Multidimensional Scale of Social Identification	Leach et al., 2008	Original
Cultural Identification	Single-item Social Identification (SISI)	Postmes et al., 2013	Original
University Social Support / Family & Friends Social Support	Perceived Social Support Scale	van Dick & Haslam, 2012	Adapted
Mental Health Self-Stigma	Self-Stigma of Seeking Help (SSOSH)	Vogel et al., 2006	Original

Mental Health. *The Mental Health Continuum Short Form* (Keyes, 2009) is used to assess the mental health of university students and staff. It includes 14 items, divided into three subscales; emotional wellbeing, social wellbeing and psychological wellbeing. Participants respond on a six-point Likert scale, ranging from 0 (never) to 5 (everyday). Responses are then summed to create a single index, with higher scores indicating a more positive mental health profile.

Students' Academic Wellbeing. *The Student Subjective Well-being Questionnaire* (Renshaw et al., 2015) is used to assess students' academic wellbeing. It includes 16 items, divided into four subscales; joy of learning, university connectedness, educational purpose and academic efficacy. These are measured on a four-point Likert scale, ranging from 1 (almost never) to 4 (almost always) and items are aggregated to create a composite score, with higher scores reflecting greater academic wellbeing.

University Identification. *The Multidimensional Scale of Social Identification* (Leach et al., 2008) is used to assess participants' identification with their respective university. The scale includes 14 items, divided into five subscales; solidarity, satisfaction, centrality, individual self-stereotyping and in-group homogeneity. Participants are asked to respond on a seven-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree) and scores are then averaged into a single index, with higher scores reflecting stronger identification with the university.

Cultural Identification. A single-item measure developed by Postmes et al. (2013) is used to assess social identification with the country/culture within which the university is located, with a higher score reflecting stronger identification with the country/culture.

University Social Support / Family & Friends Social Support. Four items from the *Perceived Social Support Scale* (van Dick & Haslam, 2012) are adapted to measure the perceived support provided by the higher education institution, as well as the family and friends of university students and staff. Responses are recorded on a seven-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Items are then averaged into a single index, with higher scores reflecting greater perceived support.

Mental Health Self-Stigma. *The Self-Stigma of Seeking Help* (Vogel et al., 2006) is used to measure the degree of stigma related to seeking support for mental health. The scale includes 10 items, measured on a seven-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Scores are then averaged into a single index, with higher scores indicating great levels of mental health self-stigma. For the purpose of the HEARTS project, item 10 ("I would feel worse about myself if I could not solve my own problems") was removed during data analysis, due to its poor correlation with the other items in the scale, thereby improving the Cronbach's alpha to a more acceptable score.

Prior to completing the survey, participants are provided with a consent form, according to the research ethics requirements of the specific higher education institution. If there are any institution-specific concerns on the identifiability of participants (for example, due to the small size of an institution), certain socio-demographic questions may be amended to be more generalised or completely omitted from the survey. The survey may be translated into the primary language of the participants from the institution. A template of the survey is available in English (see Appendix A). The survey is also available in Spanish, Catalan, Portuguese and Italian.

Quantitative data collected from the surveys can then be analysed using descriptive statistics, correlations between the main variables, t-tests (for example, to assess differences between staff and students and to compare results of those who belong to a social minority group and those who do not), ANOVAs and hierarchical linear regressions (to explore factors associated with mental health outcomes within the higher education community and factors influencing university students' academic wellbeing).

2.4 Semi-structured Interviews

The qualitative needs assessment may be conducted through the use of semi-structured interviews with university students and staff. Through the interviews, participating staff and students are invited to share their thoughts on whether they feel that **their mental health needs are being met** and to give their opinions on **how their respective institutions could better support their mental health needs**. The semi-structured interviews are designed to be voluntary and confidential. However, if any institution-specific concerns arise with regards to the identifiability of participants (for example, due to the small size of an institution), the questions and/or method may be adapted, in order to minimise the risk of participants being identified. For example, certain questions may be modified or eliminated and rather than an interview, qualitative data can be collected through the use of an anonymous open-ended questionnaire. Figure 2.3 is an example of the semi-structured interview guide used for the development of the HEARTS Framework, while Figure 2.4 is an adapted version of this, using an open-ended questionnaire.

Data collected from the interviews and/or open-ended questionnaires can be analysed using content analysis following the **Consensual Qualitative Research** approach (Hill et al., 1997, 2005), which involves three steps; developing and coding domains, constructing core ideas and creating categories to describe consistencies across cases. This results in the identification of a number of broad categories and sub-categories, which can provide a clearer picture of whether the mental health needs of staff and students at higher education institutions are being appropriately addressed and offer a deeper understanding of the factors that may hinder or support their mental health. This can subsequently be used to inform the development of mental health promotion strategies that address the specific needs of the staff and students at a particular university.

Figure 2.3. *Semi-Structured Interview Guide with students and staff*

Semi-Structured Interview Guide

1. What are some of the main mental health concerns or challenges you currently face within the university environment? Can you describe how these challenges impact your daily life and overall wellbeing?

2. What is your overall impression of the mental health services offered at the university? What do you think are the main challenges and advantages of said services, if any?

3. What specific support or resources do you believe would help promote your mental health and wellbeing within the university community? Additionally, what measures or initiatives do you think could help prevent distress or alleviate mental health challenges for yourself and others?

4. How strongly do you feel connected to and identify with the university? Can you share any experiences that have influenced your sense of belonging or connection with the university?

5. Do you feel that you receive adequate emotional support, help, resources and advice from the university? How do these support systems impact your mental wellbeing?

6. How actively do you engage in community activities or organisations within the university? What factors contribute to your level of involvement and how does this engagement affect your mental health?

7. How do you navigate between your heritage culture and the mainstream culture within the university environment (if applicable) ? Are there any specific challenges or successes you have experienced in this process and how do they impact your mental wellbeing?

8. Reflecting on your spiritual beliefs and practices (if applicable), how do they contribute to your overall sense of well- being? Can you share any experiences where your spirituality has helped you cope with challenges within or outside the university?

9. How often do you participate in artistic or cultural activities within or outside the university? In what ways do you engage with arts and cultural activities on campus or in your community? How do these experiences impact your mental health and sense of belonging?

10. What are your thoughts or beliefs about seeking professional help within and outside the university for mental health concerns?

11. How satisfied are you with your overall academic experience at the university? How does your academic performance and sense of belonging within the university community influence your mental wellbeing?

12. If you feel that you belong to or identify with a social minority group (e.g., LGBTQ+, have a disability, being a migrant), how has your experience been, at this university? Are there any specific challenges you have faced in relation to your belonging to a certain group? Do you feel that your diverse needs have been met? How does this impact your academic journey? And how have these experiences impacted your overall mental health and wellbeing?

Figure 2.4 *Open-Ended Questionnaire*

Adapted Version - Open-ended Questionnaire

1. How strongly do you feel part of and identify with the university? Can you share any experiences that have influenced your sense of belonging or connection with the university?

2. How actively do academics/students (as applicable) engage in community activities or organisations within the university?

3. What factors contribute to the academics'/students' (as applicable) level of involvement and how does this engagement affect mental health?
4. In what ways do you participate or engage with arts and cultural activities on campus or in your community? How do these experiences, if applicable, impact your mental health and sense of belonging?

5. How satisfied are you with your overall academic experience at the university? How do your academic performance and sense of belonging within the university community influence your mental wellbeing?

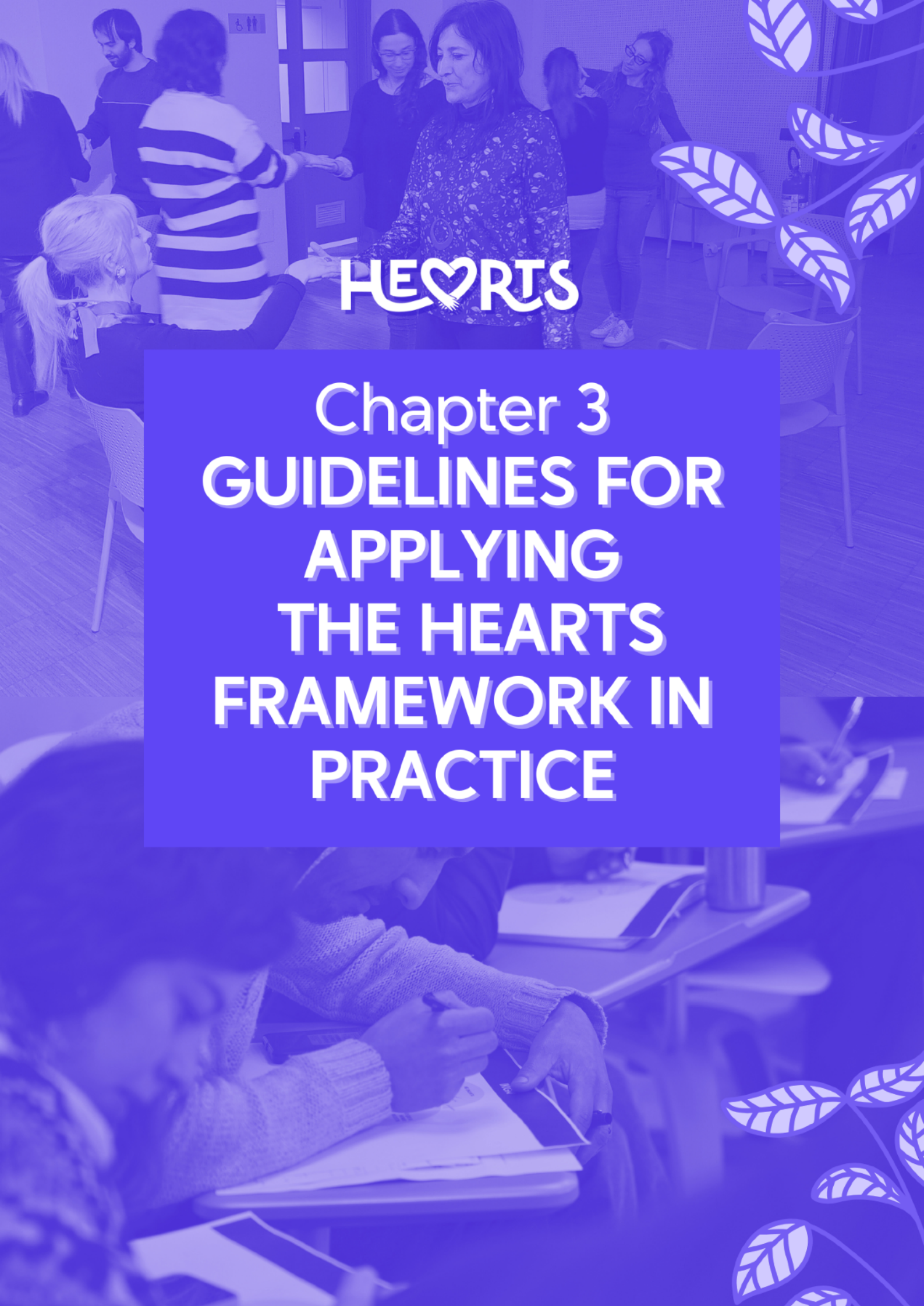
6. If you feel that you belong to or identify with a social minority group (e.g., migrant/refugee student, LGBTQ+, student with a disability, international student), how has your experience been at this university?

7. Do you feel that your needs as a minority student/staff have been met? How does this impact your academic journey?

8. As an international student or staff member, what has your experience been like at this university? Has this had an effect on your wellbeing?

9. What is your overall impression of the university's counselling and mental health services? What do you think are the main challenges and advantages of said services, if any?

10. What specific support or resources do you believe would help promote your mental health and wellbeing within the university community? Additionally, what measures or initiatives do you think could help prevent distress or alleviate mental health challenges for yourself and others?



HEARTS

Chapter 3
GUIDELINES FOR APPLYING THE HEARTS FRAMEWORK IN PRACTICE

Chapter 3 Guidelines for Applying the HEARTS Framework in Practice

This chapter presents the guidelines for applying the HEARTS Framework in practice. This includes an explanation of the HEARTS Framework, the **structural components for applying the HEARTS Framework effectively,** ways in which to adapt the framework to local contexts and how to monitor progress and participant feedback.

3.1 The HEARTS Framework

The HEARTS Framework has been developed as **a tool for mental health promotion in higher education institutions with a particular emphasis on students and staff from minority backgrounds**.

During the pilot phase of the HEARTS Project, the HEARTS Framework was translated into **five distinct learning paths**. This specific translation reflected the way the consortium partners adapted the framework to their local contexts, including the realities of their universities, disciplinary orientations and the expertise of the facilitators. Whilst the HEARTS Framework took the form of five learning paths in this project, **the framework is open to many other possible forms of implementation**.

The five distinct learning paths which have been developed and piloted by the HEARTS project partners, are each aimed at three target groups - students, staff and a mixed group of students and staff. Each learning path is based on a **coherent theoretical and methodological approach, promoting mental health from a different perspective, namely socio-creative approaches, theatre, social inclusion, a salutogenic, participatory approach and mindfulness and resilience.**

The five learning paths each aim to provide a training proposal in the form of an **active workshop in order to improve wellbeing, develop personal and collective health promotion skills, share knowledge on concepts related to mental health and disseminate information on the health services available in each context**. Each learning path includes a theoretical and methodological framework, which covers the professional profile and competencies required for leading the workshop as well as a bibliography, followed by a detailed description of the workshop training proposals for each of the three target groups (students, staff, mixed students/staff).

The workshop training proposals include the following information;

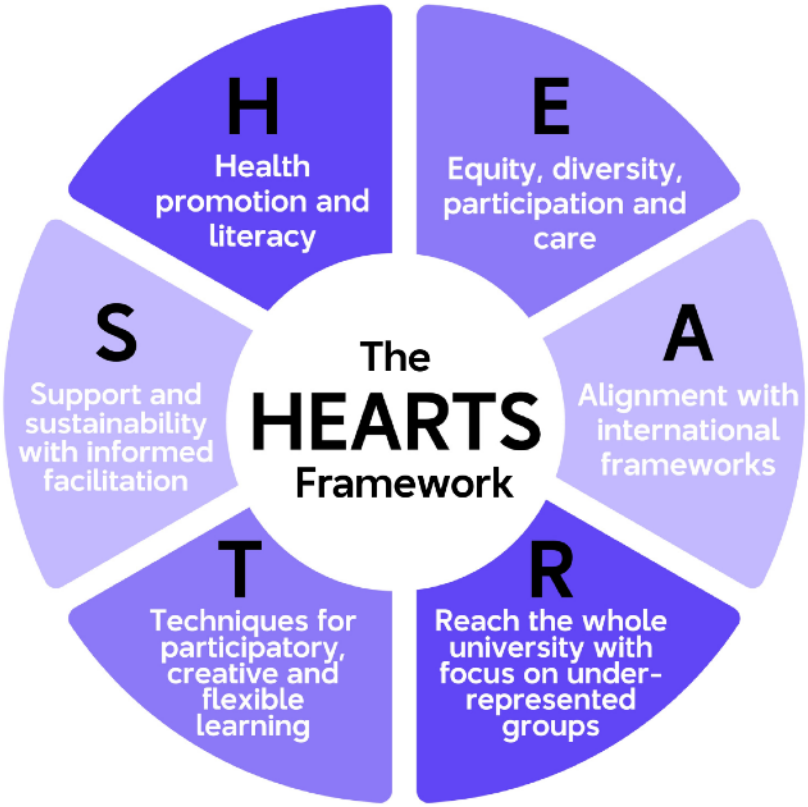
- Target number of participants
- The five main objectives of the workshop
- Description of the workshop structure
- Detailed description of the key activities (objectives, when they should be carried out, duration of the activities, how to implement the activities, suggestions for variations or adaptations of the activities, suggestions to increase the effectiveness of the activities and manage challenges that may emerge).

Further information on implementing the HEARTS framework may be found in the ***HEARTS Activity Handbook***.

3.2 The HEARTS Framework Components

The HEARTS Framework is based on six key components that collectively create a comprehensive and flexible model for the promotion of mental well-being in higher education. Each of the elements embodies a core aspect of practice (from health literacy and equity, to sustainability) and is accompanied by detailed performance indicators that inform implementation, evaluation and integration within institutions. This summary describes these six elements and how they can be applied to practice

Figure 3.2 *The HEARTS Framework*



H - Health promotion and literacy

Promote mental health as community wellbeing with awareness and simple literacy moments, including de-stigmatisation of trauma and grief.

- ☐ Safe and accessible space in the university context
- ☐ Short literacy element on trauma and help seeking
- ☐ Simple indicator for awareness or stigma reduction

E - Equity, diversity, participation and care

Ground every action in inclusion, equity and cultural sensitivity, with explicit attention to people facing barriers.

- ☐ Co-creation with participants and accessibility adaptations
- ☐ Named diversity dimensions considered in delivery
- ☐ Collective care practices included

A - Alignment with international frameworks

Make alignment explicit with the Okanagan Charter and IUHPE Core Competencies for Health Promotion.

- ☐ Objectives reference Okanagan calls to action for health promoting campuses
- ☐ Relevant IUHPE competencies identified for the activity
- ☐ One sentence in the activity sheet documenting this alignment

R - Reach the whole university with focus on under-represented groups

Target students, academic staff, researchers and administrative staff, with special support for vulnerable groups and a whole-community approach.

- ☐ Quick map of groups and barriers in the institution
- ☐ Specific supports for groups with higher vulnerability
- ☐ Participation data disaggregated by relevant dimensions

T - Techniques for participatory, creative and flexible learning

Use group-based, experiential and arts-based methods, adapted to the context and evolving group needs. Examples include heritage, arts, theatre, visual thinking, storytelling and community building.

- ☐ Techniques have a clear purpose and fit the group
- ☐ Planned adaptations if group needs change
- ☐ Brief closing reflection to capture experiential learning

S - Support and sustainability with informed facilitation

Build capacity in institutions, connect with services and leave open resources for reuse and mainstreaming after the project.

- ☐ Up-to-date list of campus support services and a light referral path
- ☐ Safety, consent and facilitator role boundaries are explicit
- ☐ Reusable materials and a basic mainstreaming plan exist

Applied Learning Paths of the HEARTS Framework

3.2.1. Health Promotion through Socio-Creative Approaches

The Health Promotion through Socio-Creative Approaches (HPSCA) learning path is based on **sociological reflection and creative methods**. It addresses mental health in higher education from a **social and cultural dimension, integrating non-formal education with embodied, creative, participatory and intercultural approaches,** whilst drawing upon topics such as **interreligious dialogue, critical heritage studies, rituals of grief and mourning, identity construction, gamification and visual thinking.** HPSCA invites reflection on themes such as death, grief, identity, as well as cultural and religious diversity, which provides a valuable framework for **enhancing emotional processing and self-acceptance, whilst reducing internal conflict**.

Three key frameworks are used in this approach. First, the *Death Café* is used as a **safe, inclusive and non-clinical space** where participants can talk openly about death and grief. This activity opens up the space to personal and cultural narratives about death that are often not spoken about in academic settings. Second, the *Theatre of the Oppressed* and *Image Theatre* draw on exercises to **externalise internal conflicts and use performance to reflect on and express emotionally complex or culturally sensitive topics** which are often found difficult to express in words. Third, *Systemic Movements,* which is inspired by family systems theory, helps to **explore emotional legacies and invisible dynamics that affect identity** through human sculptures and spatial organisation. Play and visual thinking are used throughout the activities to foster **participation, collective reflection and the expression of difficult experiences**. This methodology aims to **generate space for critical and transformative learning**, rather than implementing a therapeutic intervention.

The first workshop with students focuses on **'sociology on stage'.** The first session begins with the creation of a fictional character that represents the personal and community dimensions of participants' identities. The second session activity encourages participants to step outside conventional verbal communication, using objects such as lea-

ves or stones for storytelling, with each group of participants presenting a production that reflects issues addressed in the prior session (such as identity issues and conflicts). During the third session, participants are asked to create an emotional mind map of a fictional character, whilst the fourth session culminates in the HEARTS Wheel activity, a visual tool designed to reflect on mental health in higher education. A short theatrical script is developed between sessions with participants working in small groups of 4-6.

The workshop with staff members comprises two sessions. During the first session, participants are introduced to the concept of growth mindset and explore the Ikigai framework. The second session then focuses on SMART goal setting and an exercise on decision-making for a balanced life. The third workshop, aimed at students and staff members also comprises two sessions. During the first session, an **Image Theatre** exercise which focuses on academic stigma takes place followed by Systemic Movements, an activity which encourages participants to reflect on complex emotional dynamics. The second session focuses on a Mental Health Card Game designed to stimulate dialogue about emotional literacy, inclusion and cognitive diversity, followed by Memory Objects, where participants are invited to choose a symbolic object that represents how they would like to be remembered and finally the Death Café, where participants engage in an open, non-judgemental conversation about death.

Diversity, inclusion and cultural sensitivity are fundamental principles in the implementation of this workshop, therefore it is important to **create an environment that promotes emotional safety, active and intentional listening, respect and freedom of participation**. This allows each participant to choose their own way of participating, without any pressure. **Inclusive language and non-verbal communication**, as well as the use of **accessible and emotionally appropriate spaces**, should be taken into account.

Recommendations for implementation

As in the other learning paths in this Guide and in the Activities Handbook, **the choice of interventions is guided by the available resources, capacity and expertise within the university and community where it is being implemented**.

It is highly recommended that appropriate places are made available for the activities that form a part of this learning path. For example, quiet and private spaces should be used for the *Death Café*, in order to ensure privacy for the participants to feel comfortable when opening up with each other, whilst spaces which have sufficient space and facilities must be used for the *Theatre of the Oppressed* and *Systemic Movements* exercises.

In view of the sensitivity of the topic, it is highly recommended that the facilitators who implement the Death Cafe activity are qualified and trained to do so. The facilitators need to allow conversations to flow naturally, without for-

cing disclosure or directing discussions and monitor for emotional distress while being ready to offer silent support, breaks or discreet referrals to professional resources. It is important to stay mindful of cultural and individual differences in grief expression, avoid assumptions and encourage narrative, artistic or symbolic expression for those who may find verbal dialogue difficult. It is recommended that facilitators are trained to deliver this kind of activity.

The facilitators need to emphasise the importance of **emotional safety, confidentiality, inclusivity and a non-judgemental approach** throughout the activities and activities such as the *HEARTS Wheel* should be presented as a **flexible tool for reflection** and not as a diagnostic instrument. When conducting the Ikigai activity, it is important to avoid framing Ikigai in an individualistic or success-oriented way and to instead embrace community-based, relational and collective understandings of wellbeing.

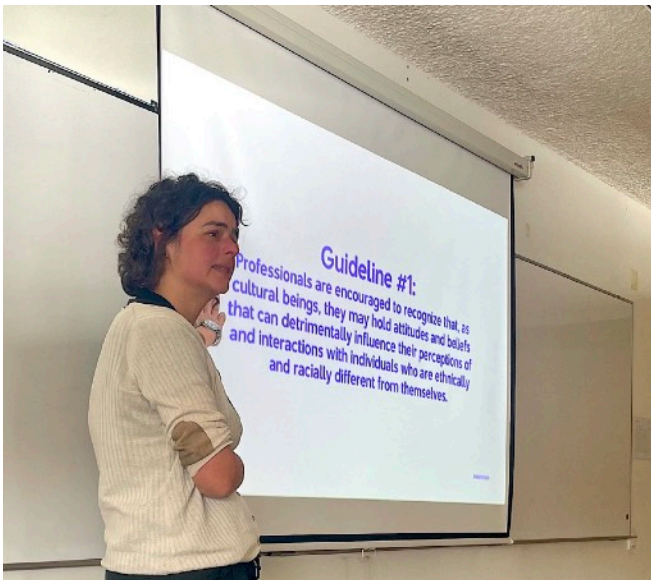
Resistance from some student profiles may be observed, with some people feeling uncomfortable with the participatory methodologies. To respect each participant's individual preferences, **a policy of non-obligation should be chosen**, where each person can decide how to participate (speaking, writing, in silence or even leaving the classroom).

Finally in view of the sensitivity of the topic, such as death and suicide, the workshop is to be led by a professional with adequate training and led with great sensitivity and availability of support as required.

3.2.2 Health Promotion through Social Inclusion

The Health Promotion through Social Inclusion (HPSI) uses two theoretical frameworks. The first builds upon **Social Identity Theory, which uses group-based activities to foster a shared identity, mutual support and cooperative goals to improve wellbeing** (Haslam et al., 2016; Jetten et al., 2012), whilst the second uses a **preventative approach which focuses on reducing exclusion among those from vulnerable groups who experience a greater risk of developing mental health conditions whilst facing more barriers to receiving the care they require** (Delgadillo, 2018). This learning path also incorporated principles of **intercultural competence**, derived from **multicultural counselling theory** and implemented through the **Awareness, Knowledge, Skills (AKS) framework** (Sue et al., 1992). This involves self-reflection on personal biases and a recognition of others' societal positions (awareness), an understanding of diverse lived experiences and factors that lead to privilege and oppression (knowledge) and actionable strategies for creating inclusive environments (skills). Putting all this together, this learning path aims to leverage **social inclusion as a health promotion strategy**, fostering academic communities where all members feel a sense of belonging.

HPSI is grounded in **social psychology** and its main aim is the promotion of mental health and wellbeing via social inclusion. The workshops that form part of this learning path cultivate **culturally sensitive spaces that encourage intercultural dialogue and connection between participants from different backgrounds**, whilst simultaneously using **cognitive-behavioural strategies to equip participants with the skills required for self-care, managing stress and enhancing wellbeing**. Diversity and inclusion are of utmost importance in this learning path and are addressed during the workshops through the use of **culturally sensitive approaches** to the promotion of mental health.


Guideline #1:
Professionals are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

The first workshop with students focuses on 'social inclusion competences'. During the first session, participants engage in an awareness-raising group activity that prompts personal reflection and a discussion on diversity, equity and inclusion, followed by an explanation of multicultural counselling competencies and social justice models. The second session focuses on migration issues and includes an empathy exercise to enable a deeper understanding of migrants' experiences. The third session centres on raising awareness and building skills related to LGBTQ+ issues and session four addresses the unique challenges faced by LGBTQ+ asylum seekers.

The second workshop aimed at staff members begins with a session that includes an awareness-raising exercise, encouraging a discussion and reflection on personal experiences with diversity, equity and inclusion, followed by activities where participants engage with becoming aware and recognising their privilege, social justice competencies and on understanding and addressing privilege and bias. During the second session, staff members participate in an exercise about social dynamics to deepen their understanding of inclusion and exclusion. They are also presented

with best practices for presenting and reporting academic work with inclusivity in mind and strategies to recognise and reduce bias in academic settings.

The third workshop for students and staff begins with a session that includes a presentation on systemic challenges such as burnout, anxiety and depression, followed by a discussion on institution-specific psychosocial challenges and an introduction to photovoice. The second session engages the participants to work collaboratively to organise the images taken into emergent themes, followed by an exercise where they are asked to map the existing mental health tools and resources at their institution and co-create actionable strategies for preventing burnout.

Recommendations for implementation

The facilitator needs to **adapt prompts to the group's cultural context and workshop objectives**, while steering clear of unfamiliar topics to prevent misinformation. They need to **stay attuned to emotional reactions**, pausing or rephrasing discussions if needed. The facilitator should also **prioritise open dialogue over debate**, focusing on mutual understanding and clarifying that there are no right or wrong answers, only learning opportunities and the promotion of self-knowledge. They should **reinforce shared values** to build rapport and **set ground rules in advance for sensitive topics**, such as respectful listening and respectful language in expressing different points of view.
The facilitator should observe the group dynamics carefully and adjust the timing accordingly - speed up if energy is fading or if a moment appears to be very distressing or slow down if meaningful interactions are developing. During debriefing, participants' emotional experiences must be acknowledged and validated, while helping to moderate

any intense reactions. Rules should be presented minimally, allowing participants to interpret and enact them in their own way without excessive guidance.

Contents should be **tailored** and **evidence-based**: all burnout prevention/self-care strategies must be grounded in research (e.g., cognitive behavioral strategies) and case studies must address and be relevant to the needs of the participants, such as staff (e.g., workplace pressures), PhD students (e.g., supervisor relationships and publication culture) and undergraduates/master's students (e.g., career guidance and transitioning to higher education). The facilitator should map resources in advance, either by obtaining the university's mental health service mapping or consulting directly with staff who know these resources, ensuring information is actionable and up-to-date.

3.2.3 Health Promotion through Mindfulness & Resilience

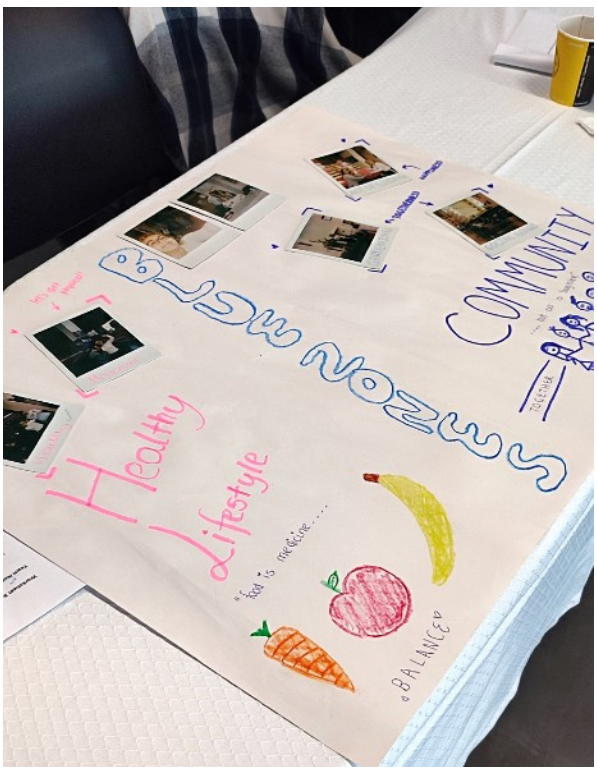
The Health Promotion through Mindfulness & Resilience (HPMR) integrates **culturally sensitive cognitive-behavioural therapy** with **mindfulness practice** and **systemic resilience-building strategies using both individual and community-based approaches** to enhance wellbeing in higher education. HPMR draws upon a number of theoretical perspectives, namely:

- **Self-Determination Theory** (SDT): Focuses on intrinsic motivation via autonomy, competence and relatedness
- **Positive Psychology** (PERMA model): Positions meaning and engagement as pillars of wellbeing
- **Maslow's Hierarchy of Needs**: Provides a scaffold to situate reflection within broader wellbeing considerations
- **Flow Theory**: Explains the satisfaction of engaging in meaningful, skill-aligned tasks
- **Multi-Systemic Resilience Theory**: Focuses on strengths and assets and how multiple systems may provide protective, resilience-enhancing contexts for persons from underrepresented communities and marginalised groups.

HPMR uses frameworks that stress the importance of **self-awareness, self-regulation and meaning-making** through the capacity of the individual and support from the environment. Resilience is increasingly understood as a **dynamic and multisystemic process that encompasses the interplay between personal attributes and contextual support** (Ungar, 2020), therefore higher education institutions play a crucial role in promoting student and staff wellbeing by creating **safe, inclusive and empowering environments**. Mindfulness and other meditative methodologies enable **self-exploration and growth** through presence, expression and reflection. They enable participants to engage with their body sensations, emotions and thoughts of the present moment, allowing them to foster a **deeper connection within themselves and with others**. They also enable participants to **identify challenges, regulate their stress responses and envision change**.

HPMR emphasises that resilience and mindfulness are not peripheral aspects of education, but **essential components to being and wellbeing**. When embedded meaningfully, they can act as protective factors for mental health and sustained engagement. By translating abstract psychological theories into culturally adaptive, emotionally engaging and practically grounded exercises, the workshop framework serves as **a bridge between personal meaning and institutional transformation**.

The workshop is divided into two major components. The first component presents a number of activities aimed at enhancing the capacity of individuals and systems to **promote resilience**, whilst the second focuses on **mindfulness**. The first workshop, aimed at students, starts with a session that prompts students to consider their own definitions and experiences of wellbeing and health, working together to explore how cultural, social and personal factors shape these definitions. In the second session, participants visually map their university campus, identifying spaces where they feel safe, included or excluded and engage in a group discussion to reflect on how different identities and backgrounds influence this. During the third session, participants map out existing wellbeing resources, coping strategies and support systems, whilst the concepts on self-care and community care are introduced by facilitators. The final session involves participants working collaboratively to brainstorm practical changes that may improve their wellbeing and subsequently, each participant develops an individual wellbeing action plan.



The staff workshop starts with an introduction on key health promotion concepts relevant to the academic environment, followed by a session on the Health and Wellbeing Wheel, where participants explore seven interconnected domains, identifying personal strengths and challenges in each one. Based on this, participants are then encouraged to set specific wellbeing goals within each domain. During the third session, the focus shifts from individual reflection to collective insight and participants engage in brainstorming activities to generate practical strategies to create a

healthier work environment. The final session involves action planning and accountability exercises to reinforce the participants' commitment to realistic and sustainable changes.

The third workshop, aimed at students and staff, starts with an introduction to the principles of mindfulness and a grounding activity, such as body scanning or a mindful breathing exercise to prepare participants for deeper engagement. Participants are then introduced to the therapeutic potential of music and reflective exercises exploring emotional responses to different sounds. The second session includes a listening experience, followed by a reflective journaling exercise, which fosters emotional regulation and encourages participants to reconnect with their inner experiences in a gentle, supported way.

In keeping with the importance of diversity and inclusivity, it was ensured that all activities allowed for **personal interpretation**. Participants were invited to define meaning, purpose and success **on their own terms**. Attention was also paid to systemic barriers; participants were encouraged to reflect on how societal structures might impact their life paths.

Recommendations for implementation

When implementing HPMR, it is crucial for facilitators to recognise the importance of voluntary participation in exercises such as mindfulness, in view of the nature of the topic, as well as offering adequate support to the participants when practicing mindfulness, whilst being aware of the potential contraindications. Additionally, mindfulness and grounding activities should be embedded across all sessions in order to promote emotional regulation and facilitate active participation.
In cases where academic staff may be initially hesitant about engaging in non-traditional, reflective activities, this can be addressed by clearly explaining the evidence base of the activities (drawing from Mindfulness-Based Interventions, Positive Psychology and Resilience frameworks) and by providing options for varying levels of participation.
It is also important to keep in mind that both mindfulness and resilience are based on an **experiential, collaborative and skills-based approach**. The use of audiovisuals and good practices, such as somatic prompts during visualisation, can also enhance emotional engagement, whilst integrating reflection and follow-up planning as part of the activities can support the long-term impact of this learning path.

The sessions on mindfulness need to be conducted by a qualified mindfulness coach.

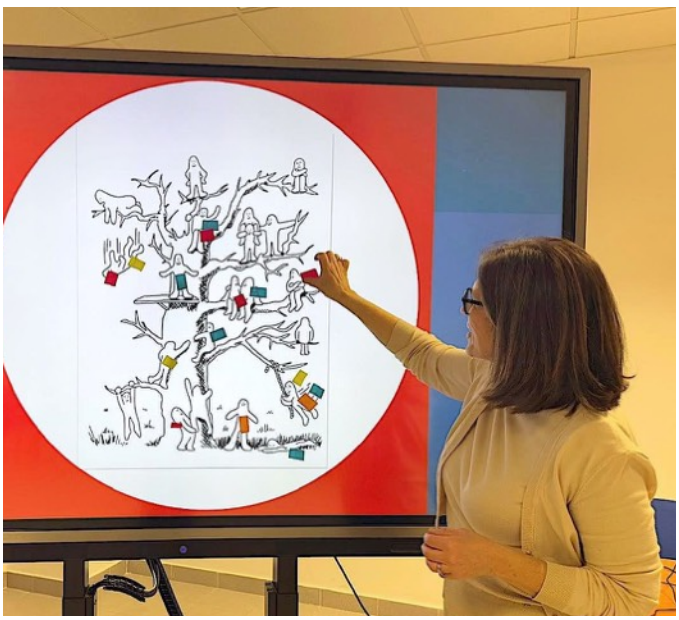
3.2.4 Health Promotion through Salutogenic, Participatory Approach

The Health Promotion through Salutogenic, Participatory Approach (HPSPA) has been designed based on **Health Promotion and Salutogenesis theories**, setting up learning paths in which students and staff are involved in a process of **identifying needs and resources for mental wellbeing** in the context of higher education.

The World Health Organization defines mental health as 'a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well and contribute to their community'. This definition emphasises the **deep connection between mental health and the living and working environment, social networks and economic and political conditions**. Furthermore, according to the Ottawa and Okanagan Charters, mental wellbeing can be created by students and staff within the everyday context of university life, where they learn, work, play and love (WHO, 1986; IHPCN, 2015).

Consequently, the primary agents in promoting mental wellbeing are individuals and communities within their daily life contexts. Health promotion plays a crucial role in triggering community action by developing **participatory processes** where individuals and communities "**actively engage in identifying their needs and available resources, making decisions and defining mechanisms to address those needs**" (WHO, 2021). This creates the conditions for "empowerment".

A key element in enhancing empowerment is the development of a **salutogenic orientation**, which refers to the ability, in any situation, to focus on the aspects that generate health rather than those that generate illness, on the resources available and not only on the needs and criticalities. Everyday life events induce a state of tension that leads people to move along this health continuum and the direction - towards health or illness- depends on how individuals manage the tension (Mittelmark et al, 2022). The key element influencing how people deal with the tension, is the "**sense of coherence**". The concept of resources includes **not only material and economic goods**, but also aspects of a **spiritual, social, cultural, organisational, genetic and constitutional nature**. Resources are present in any situation and **the key to wellbeing is having the ability to identify and make the best use of them**.



The first workshop, aimed at students, begins with a session where participants engage in a 'dream exercise' where they are asked to imagine an ideal university that truly aligns with their expectations and makes them feel at ease and which serves as a foundation for the 'World Café' activity, designed to enable informal conversations about the themes which emerged from the first activity. In the second session, participants then participate in a photovoice activity, where they are asked to use symbolic photographs to share their perspectives on the needs and resources

essential to their wellbeing. During the third session, participants prepare materials for the photovoice exhibition, whilst the final session is dedicated to the final photovoice exhibition.

The second workshop, aimed at staff members, begins with a session that includes a focus group discussion on well-being within the university setting. During the following session, participants are encouraged to reflect on the needs and resources that personally impact their wellbeing and they are asked to write these down on post-it notes, where they are then asked to translate these into photographs using the photovoice method. The third session is dedicated to writing titles and captions to accompany each photo, whilst the fourth session is dedicated to the organisation of the photovoice exhibition.

The third workshop, aimed at students and staff, starts with a session that includes an activity to identify the needs and resources for collective wellbeing from different perspectives. During the following workshop, a mind map summarising the concepts from the previous session is presented and a photovoice activity which focuses on representing these concepts takes place. The third session focuses on writing captions for the photos, whilst the final session is dedicated to the organisation of the final photovoice exhibition.

As with the rest of the HEARTS framework, the activities in this learning path are inclusive for all participants, regardless of their specific physical, cultural and social conditions. In fact, the photovoice method used was developed by Wang (1997) specifically to facilitate the engagement of underrepresented communities and marginalised groups.

Recommendations for implementation

The implementation of workshops that form a part of HPP must consistently reinforce the salutogenic approach, **guiding participants towards a perspective centered on assets and resources**. The facilitator plays a crucial role in maintaining this focus, ensuring that images and captions remain constructive and non-accusatory. It should be clear that photovoice is a method for positive change, designed to stimulate improvement by **highlighting the existing resources** within each context and **fostering community action and advocacy**.

When the facilitator defines mental wellbeing, they must emphasise that this concept goes far beyond the mere absence of pathologies and should reference the WHO definition. The facilitator should clearly state from the outset that the activity is intended to bring out the experiences and perspectives of different participants on a shared topic. It is important to emphasise that **opposing opinions must be respected as valuable contributions for identifying areas for improvement and opportunities for collective growth**.

The facilitator should also highlight the importance of reflecting on both the factors that negatively and positively influence mental wellbeing. Reflecting on negative factors not only helps identify needs but also promotes mental wellbeing, whilst recognising that others experience the same problems fosters a sense of understanding and counters feelings of loneliness.

3.2.5 Health Promotion through Theatre

The Health Promotion through Theatre (HPT) follows the **Social and Community Theatre methodology**, integrating approaches from **Health Promotion** and **Health Education** along with it. Theatre techniques and active participatory methods are used to **increase self-awareness of personal wellbeing and collective awareness of individual and social determinants of health that may lead to mental health issues** and **fosters group building dynamics**.

The Social and Community Theatre methodology stimulates and facilitates the learning and practice of life skills, by encouraging participants to act "as if" they were in a particular situation (e.g. a challenging situation for which they need to find solutions). This approach enables a **crucial transition from theoretical-cognitive understanding to practical experience**. This is a form of Applied Theatre and Participatory Art, grounded in Social Emotional Learning and Cooperative Learning, whereby participants are actively involved in the theatre process.

The Social and Community Theatre approach is implemented through workshops and community events. Workshops are done in multiple sessions and explore a given topic or a topic chosen by the participants themselves. The first session aims to enhance group trust and interpersonal knowledge, as well as learning basic theatre skills. The following sessions allow participants to explore the chosen topic by sharing their personal perspectives through narratives and the staging of particular situations and role plays. The final sessions focus on strengthening the theatrical communication skills of the group of participants and building a full performance using the participants' previous exploration of the topic, presenting this to a wider audience. This takes a salutogenic perspective on life, fostering individual competencies with a particular emphasis on a growth mindset and awareness of one's own wellbeing and self-care.

HPT integrates the Social and Community Theatre approach with the Health Promotion approach. Participants are presented with the WHO definitions of health and mental health and the basic theoretical approach of Health Promotion. Participants then share and discuss their own perspectives of wellbeing, mental health and their own personal ways in which they face health challenges in their personal and academic life through creative exercises, expressive training and role playing. **Particular attention is given to skills such as the self body-mind awareness, as well as interpersonal and communication skills**.

The Social and Community Theatre methodology is based on the fundamental requirement that **all activities must be adapted to be accessible to all participants**. Furthermore, **a diverse yet complementary group of transdisciplinary facilitators is crucial** for this learning path, whereby professionals from various backgrounds such as health promotion, psychology and theatre backgrounds, bring together different perspectives and are able to manage delicate situations appropriately.

Recommendations for implementation

It is highly recommended that a multi-professional approach is employed for this learning path, integrating educational, psychological and theatrical expertise. Secondly, a core training element of this learning path is to encourage participants to recognise and understand not only their own health challenges and needs, but also those of other members of the university community. This includes the perspectives of university staff (administrative personnel) towards professors and researchers, as well as the perspectives of university staff and professors towards students and vice versa. The primary tool that may be used to navigate this challenge is Social and Community Theatre training. This approach emphasises "**stepping into another's shoes**" thereby actively cultivating empathy. Furthermore, sufficient time and effort should be dedicated to dialogue, networking and bridging the university institution, including its student support services with the students themselves.

3.3 Adapting and implementing the HEARTS framework to local contexts

There are a number of ways in which the HEARTS framework may be adapted in order to better suit the local context. **Situated thinking** must be applied and each workshop must be adapted to the **cultural, emotional and institutional context of the campus and the group**, starting from a prior understanding of the environment. Adaptations should be made in order to serve the needs of participants within each local context and enable a diverse range of persons from the community, including those from vulnerable or minority groups, to actively participate.

The sessions are to be implemented by facilitators who have received **adequate and recognised training in the approaches and methods they are implementing**. Some topics in the HEARTS framework require professionally trained mental health staff such as psychologists, counsellors and mindfulness coaches, while others require training in specific pedagogy and methodology such as theatre, art and photovoice. Ultimately, we suggest that **the choice of interventions is guided by the available resources, capacity and expertise within the university and community where it is being implemented**.

More generally, health promotion interventions call upon a unique set of competencies and a knowledge base to support optimal assessment, planning, delivery and evaluation and to avoid unintended harm. In this regard, the International Union for Health Promotion and Education (IUHPE) Core Competencies and Professional Standards for Health Promotion is a useful resource for the professionals involved - https://iuhpe.org/wp-content/uploads/2025/08/Core-HP-Competencies-Framework_IUHPE_Sept2024_June2025.pdf

With regards to mental health promotion specifically, a complementary document focusing on specific knowledge competencies is also proposed. These evidence-based documents, which have been developed and revised over several years with input from health promotion practitioners throughout Europe and elsewhere, provide a solid basis for health promotion interventions across settings and are compatible with the literature on health promoting universities and the Okanagan Charter mentioned previously.

It is generally helpful to structure the sessions in three phases;

1. **Beginning** (warm-up)
2. **Central activity** related to mental health in higher education
3. **Closing** (verbal or non-verbal integration activity).

This structure facilitates participation and the sense of the process.

Where possible, **conducting the workshops in a language that allows greater participation from diverse groups** (such as migrants, refugees, ethnic minorities, LGBTQ+ individuals, people with disabilities, individuals with mental health conditions, those experiencing economic hardship or social exclusion and those facing intersecting forms of discrimination), is suggested and is consistent with the project's focus on promoting mental health among diverse groups.

The HEARTS workshops should always be conducted with **sensitivity towards the diverse cultures, religions, gender identities, origins, physical and mental abilities, life trajectories or potential traumatic experiences of the participants in order to confront stigmas and create open spaces for mutual recognition**. There must always be **respect for the emotional complexities felt by participants** and this must take precedence over hurried coverage of the content or expectations of immediate improvement. Neurodiversities, trauma experiences or non-evident conditions must also be considered in order to **promote inclusive and sensitive group facilitation**. The facilitator should create a **safe, inclusive, non-judgmental and non-interpretive environment**. They should be aware that it is normal for questions or emotions to arise during the activities and that it is not necessary to "resolve" tensions; some discomfort may arise when exploring complex identity-related topics and the facilitator should offer support without rushing to conclusions.

Before starting the first workshop, it is essential that **facilitators are thoroughly familiar with the mental health and support services available at the respective higher education institution**. This includes psychological counselling, educational support, academic advising, disability services and any other relevant support structures such as chaplaincy, gender equality offices and inclusion departments. A clear understanding of these services enables facilitators to accurately inform participants, make appropriate referrals when needed and ensure that the workshops are fully integrated into the existing support ecosystem.

The mental health and diversity support services within the particular higher educational institution could be presented to participants in the form of an accessible and clear mapping of available resources. This is key to linking the workshops with real support networks. Presenting these services to participants during the sessions **helps foster trust and encourages help-seeking behaviours among students and staff**. An example of how this mapping can be translated into an accessible information resource for students and staff is provided in the **HEARTS Information Brochures** presented in the Appendix and available for download on the project website.

In the first session it is important to underline the objectives of the workshop and how these relate to the expectations of the participants. Ground rules need to be clearly established at the beginning of the workshop, underlining such issues as **confidentiality, respect for one another, right to participate and having a choice on how to participate**, such as not participating in a particular activity.

A policy of **free and flexible participation**, thereby giving participants the choice on how and whether to participate in the activities, as well as the freedom to withdraw from activities, is strongly suggested in order to create a safe and inclusive environment that respects personal trajectories. Facilitators must also listen to the group and act accordingly, so that the itinerary may be **adapted according to what emerges during the sessions**. This methodological flexibility allows for the response to real needs and generates more meaningful learning for each particular group of participants.

Sensitive issues need to be handled delicately, with respect, empathy and sensitivity and where needed, activities discontinued, as in the case of participants becoming anxious or distressed. Participants who show discomfort or distress during activities may be privately counselled and advised on the support services available at the respective

institution. Particular care must be taken when addressing themes such as grief, trauma or suicide. Facilitators should ensure that appropriate support is available and that referral pathways to professional services are in place in case of emotional distress.
When adapting the HEARTS framework to the local context, the **culture** within the country or higher education institution itself should also be considered. For example, in cases where university staff and students may find it challenging to integrate with one another during the activities, due to to the formalities that normally characterise the relation between the two groups, group activities which promote perspective-taking reflection, as well as creating mixed groups, may help to facilitate the dialogue between staff and students and help to minimise the feeling of being on opposite, non-communicating sides.

Additionally, localised references should be used throughout discussions in order to provide ample room for individual interpretation, whilst unfamiliar theoretical terminology should be avoided and instead **the use of language and examples that are meaningful to participants' personal and cultural identity**, should be encouraged.

The **physical spaces** in which the activities are held should be selected with the specific activities in mind, in order to best suit the local context. For example, windowless rooms may be selected when privacy is required for certain activities; rooms which allow for a stage setting may be chosen for a theatre-based activity; while a quiet, distraction free environment is necessary for mindfulness activities. Natural environments may also be considered to promote a more holistic approach to wellbeing, when appropriate for the activity. Above all, **spaces that are accessible for all** and which do not pose any architectural barriers for those with reduced mobility must be prioritised.

A **transdisciplinary approach** must be taken when implementing the HEARTS Framework, ideally through a **salutogenic and empowering lens that emphasises personal and community assets** rather than solely focusing on needs or deficits. This perspective aligns with the WHO definitions of wellbeing, which frame mental health beyond the absence of illness. **Mental health should be approached from multiple disciplines** (e.g. sociology, theatre, community health, social psychology, resilience) and not just from the clinical framework, clearly differentiating mental health from mental ill health. Furthermore, the implementation must be evaluated from the perspective of health promotion. **The use of qualitative indicators aligned with the principles of IUHPE - International Union for Health Promotion and Education, such as equity, empowerment or community strengthening, beyond psychological intervention metrics, is recommended**.

In order to further engage participants with the HEARTS Framework, the following can be done:

- Involve the Department/Office responsible for University staff training and include the HEARTS Framework as training that is officially recognised by the University.
- Present the HEARTS Framework during relevant university lectures in collaboration with academic staff
- Integrate the HEARTS Framework into university courses, offering ECTS credits to participating students.

These are discussed in more detail in Chapter 4.

3.4 Monitoring Progress and Participant Feedback

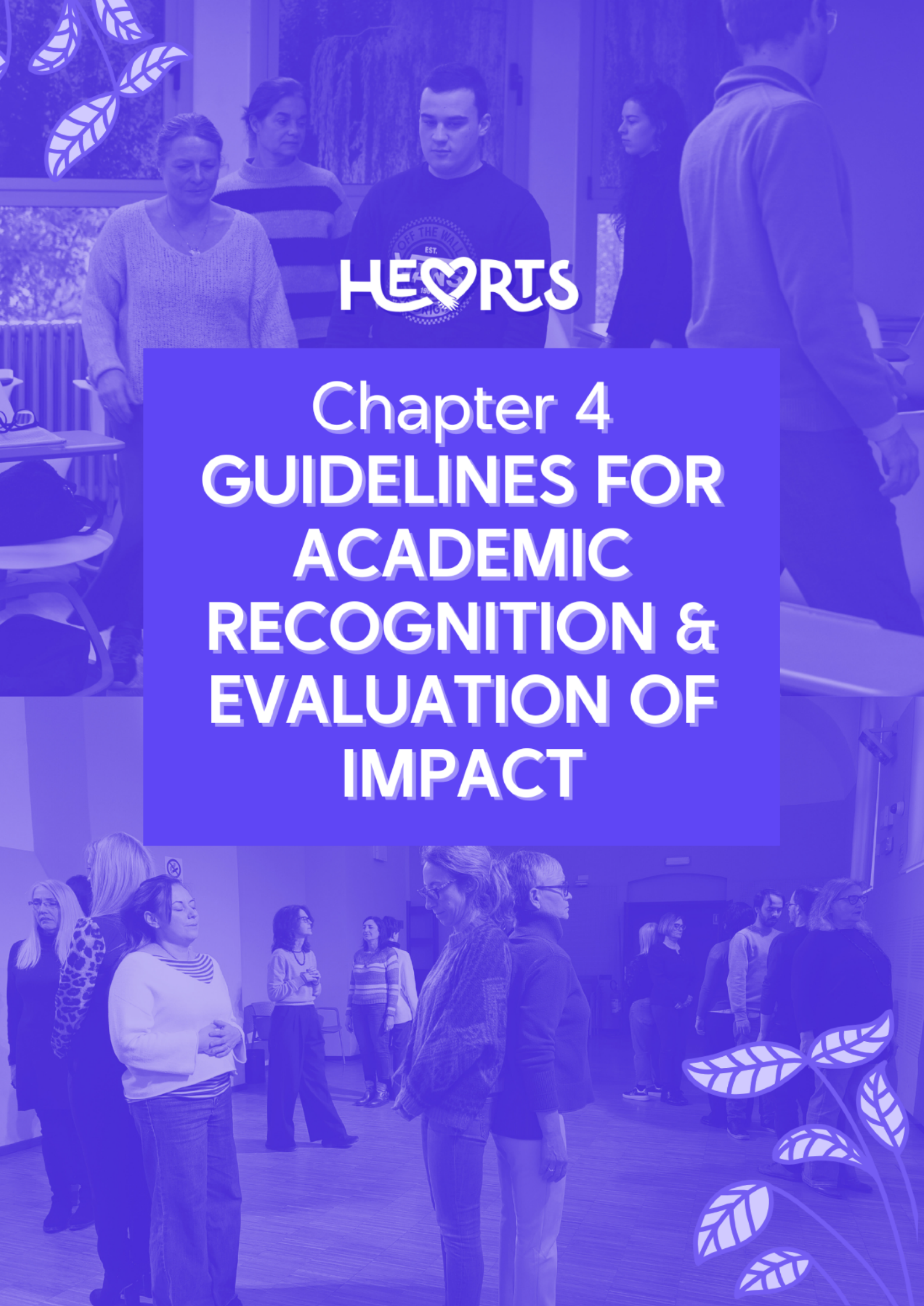
Gathering feedback from participants is a crucial aspect of the HEARTS Framework, as it provides valuable information from those who have directly experienced the activities and workshops. This information is then used to evaluate the strengths and weaknesses of the workshop, which will allow for necessary adjustments and improvements in the future.

Feedback may be gathered from participants through an anonymous online feedback form, which participants are asked to complete at the end of the workshops. This can either be completed before participants leave at the end of the workshop or alternatively, a link to the online form can be sent to participants after the workshop. An example of the questions included in the feedback form as part of the HEARTS piloting workshops can be found in Figure 3.3.

Figure 3.3

Feedback form for HEARTS workshop participants

1. How satisfied were you with the duration of the workshop? [Short answer question]
2. How would you rate the facilities provided during the workshop? [Scale 1-5, with a higher score indicating greater satisfaction], Can you elaborate further? [Short answer question]
3. To what extent did the workshop meet your expectations? [Short answer question]
4. How satisfied were you with the content covered in the workshop? [Scale 1-5, with a higher score indicating greater satisfaction]. Can you elaborate further? [Short answer question]
5. Did you find the workshop content innovative? [Short answer question]
6. Did you feel you acquired new knowledge and tools during the workshop? [Short answer question]
7. Did you feel safe and cared for during the workshop? [Short answer question]
8. To what extent do you think the workshop promoted coexistence and diversity? [Short answer question]
9. Did you feel safe enough to fully engage in the workshop activities? [Short answer question]
10. How would you rate the level of collaboration among peers during the workshop? [Scale 1-5, with a higher score indicating a higher level of collaboration]. Can you elaborate further? [Short answer question]
11. To what extent did the workshop increase your knowledge, awareness and familiarity with the topic? [Short answer question]
12. Did you acquire any new tools or techniques during the workshop? [Short answer question]
13. Did the workshop increase your confidence in dealing with the topic? [Short answer question]
14. Did you feel the workshop helped in building your capacities related to the topic? [Short answer question]
15. To what extent do you think the workshop contributed to building a safe, destigmatised, inclusive and informed environment towards trauma prevention and support in Higher Education? [Short answer question]
16. Would you like to add anything else (what you liked the most, what impacted you the most, suggestions for improvement)? [Short answer question]



HEARTS

Chapter 4
GUIDELINES FOR ACADEMIC RECOGNITION & EVALUATION OF IMPACT

Chapter 4 Guidelines for Academic Recognition & Evaluation of Impact

This chapter presents the guidelines on acquiring academic recognition for the HEARTS Framework and conducting an evaluation on the impact of its implementation. It provides information on the academic recognition of the HEARTS Framework through ECTS study units, micro-credentials and certification, applying HEARTS in lifelong learning and professional development, as well as information on evaluating outcomes and sustainability.

4.1 Academic recognition through ECTS, micro-credentials and certification

This chapter presents a guidance framework for how higher education institutions might provide recognition and accreditation for the HEARTS Framework. It is essential to emphasise that this represents a **flexible general framework** that each university, faculty and department must adapt according to their specific context and national university legislative framework. Our aim is to offer ideas and guidance, not to create rigid programmes.

This training could be structured as a 25-30 hour module for students within existing programmes, either as an elective course in Psychology, Counselling, Social Work, Sociology and other degrees or as a standalone study unit (for instance, a micro-credential that, depending on the university, may be equivalent to 1-2 ECTS credits) for both students and university staff (researchers, lecturers, administrative personnel, etc.).

Higher education institutions may also offer a more extensive and in-depth programme in the HEARTS Framework leading to a 1 ECTS Certificate. In this case, it would be integrated within a 5-6 ECTS subject where

a portion would be specifically dedicated to the HEARTS Framework in general, following one of the learning pathways included in the HEARTS Activity Handbook.

The course description presented below includes information on Course Objectives, Course Content, Learning Outcomes (Knowledge and Skills), Assessment and Bibliography. These elements can be adapted by each higher education institution implementing the module/course.

Implementation Suggestions:

Steps for ECTS validation combined with an existing subject:

- **Inform** the **Vice-Dean** and faculty coordination, presenting the project with obtained results and highlighting its replicability across any degree programme
- Establish a working group coordinating with **other subjects** to combine transdisciplinary approaches
- Select a specific time slot, organize workshops and develop training activities progressively
- Combine different disciplines and degree programmes to enrich learning
- **Does not require modifying the teaching plan** of any faculty
- Maintain the **voluntary and optional** nature of participation
- Implement within an existing subject: complementary support where the main subject continues its normal programme
- Utilise the method's content to drive **teaching innovation** programmes

Alternative: Exchange for 1-2 ECTS credits:

- Develop as complementary extracurricular activity
- Include in free-choice credits (similar to dance, theatre, choir...)
- Classify as practical intervention rather than traditional teaching

Other modalities:

- Final Degree Project using Service-Learning methodology

Important Recommendations:

1. Plan implementation well in advance
2. Allow for necessary institutional adaptation
3. Ensure compliance with specific regulatory requirements of each country and University Laws
4. Obtain approval from each University's Ethics Committees

Sample of the HEARTS Framework Module Description based on the Five Learning Paths piloted in the project

NAME: The HEARTS Framework for the promotion of mental health in higher educational institution

AWARD: 1 ECTS (part of a programme or stand alone micro credential/certificate)

TARGET AUDIENCE: university students, university staff (may be modified according to the course participants)

AIMS AND OBJECTIVES:

As Europe is becoming more culturally diverse, higher educational institutions are becoming more aware of the importance of ensuring inclusive and culturally responsive environments for all their students as well as staff. The HEARTS Framework is a programme developed by a number of higher educational institutions in Europe to promote mental health and wellbeing in higher education within an inclusive and culturally responsive framework. It provides a theoretical framework and an operational tool for methodologies and specific activities to conduct mental health promotion. More specifically, the HEARTS Framework seeks to increase the quality of mental health promotion in higher education institutions, promote the inclusion of underrepresented communities and marginalised groups, create inclusive learning environments and build capacity for transnational cooperation through culturally sensitive, digitally relevant and community-based approaches using international health promotion frameworks.

COURSE CONTENT

This module provides training in the theoretical and practical aspects of the HEARTS framework through an experiential, reflective approach where participants will have the opportunity to participate in interactive activities and reflective discussion on the knowledge and skills presented in the sessions. The interventions in the HEARTS Framework seek to enhance knowledge, fostering personal awareness of the topic and general theoretical understanding; promote mental health; and create a culture of mental health, reducing stigma around the subject. The first part of the course introduces the theoretical framework of the HEARTS Framework and how the various components of the approach are implemented through specific Learning Paths. The module then focuses on a number of activities in mental health promotion in higher educational institutions through five learning paths, namely health promotion through socio-creative approaches, health promotion through theatre, health promotion through social inclusion, health promotion through salutogenic, participatory approach and health promotion through mindfulness and resilience. Each area will include a number of practical, experiential activities for students and staff.

LEARNING OUTCOMES

By the end of this module, course participants will be able to:

Knowledge

- Recognise how inclusive and culturally responsive environments for all community members in higher educational institutions (students and staff) are critical for the promotion of mental health and wellbeing
- Recognise the need for higher educational institutions to ensure the equal rights and opportunities of all fellow members within a culture of equality, inclusion and diversity
- Become more aware of mental health issues in higher education and how these are related to individual, systemic and institutional factors
- Appreciate the negative impact of stigma attached to mental health issues and how this may be reduced
- Identify the various approaches and strategies which may promote mental health and wellbeing in higher educational institutions, particularly amongst members coming from underrepresented communities and marginalised background
- Identify the mental health promotion services within the respective higher educational institution
- Identify various methods and approaches on how to promote their own mental health and wellbeing
- Develop an understanding of the theoretical and practical components of the HEARTS Framework and Learning Paths, namely,
  - explore the diversity of identity constructions and how personal and social
  - factors shape individual experiences
  - recognise how cultural diversity and social inclusion in higher educational
  - institutions help to create a learning and working environment conducive to mental health and wellbeing
  - explore the role of the arts, particularly creative arts and theatre studies, in promoting a learning and working environment conducive to mental health and wellbeing
  - explore how a salutogenic, participatory approach may be utilised to promote a learning and working environment conducive to mental health and wellbeing
  - recognise how resilience building and mindfulness practice are effective
  - approaches in preventing stress and promote mental health and wellbeing

Skills

- Celebrate and contribute to a culture of inclusion and intercultural awareness and appreciation in their every encounters and relationships
- Advocate for the equal rights and opportunities of all fellow students and colleagues within a culture of equality, inclusion and diversity
- Demonstrate and practice an ethic of care, support and inclusion by engaging in such practices as empathy respect, trust, kindness and compassion in their relationship with others
- Take active care of their mental health and wellbeing making use of the HEARTS framework strategies
- Support the wellbeing and mental health and wellbeing of fellow students or colleagues making use of the HEARTS Framework strategies
- Practice the skills developed through the HEARTS Framework namely
  - Engage in socially inclusive and culturally responsive practices and relationships through self and social awareness, empathy, collaboration, solidarity and intercultural competence
  - Make use of the socio-creative arts and theatre studies to become more self aware of their needs and strengths, to understand and express their emotions, to be more socially aware and responsive and to develop intercultural competence
  - Utilise the salutogenic-participatory approach to become more self aware of and take active care of, their mental health and wellbeing

- Practice mindfulness and develop their resilience skills as key strategies to prevent burnout and emotional exhaustion and promote their mental health and wellbeing

NB. *More specific learning outcomes for each area are found in the respective sections of the HEARTS ACTIVITY HANDBOOK.*

ASSESSMENT

Portfolio of observations and reflections on the classroom/workshop activities (50%) and a 2000 word essay on how the respective higher educational institution may promote the mental health and wellbeing of students and/or staff within an inclusive and culturally responsive environment (50%).

READINGS

- HEARTS Activity Handbook
- Other specific readings will be provided during the course

4.2 Applying HEARTS Framework in Lifelong Learning and Professional Development

The HEARTS Framework is also targeted as a **lifelong learning and professional development programme** for staff in higher educational institutions, as well as other stakeholders such as policy makers. In the previous section we provided a template on how it may be offered as a micro-credential module open to the university staff as well members of the public. Furthermore, it is recommended that it is offered as a core component of the professional development programme (CPD) of academic and administrative staff. The aim of the **HEARTS CPD programme** is to help create an inclusive, culturally sensitive, health promoting environment for all members in higher educational institutions. It has two key goals, namely on how course participants may take more active care of their mental health and wellbeing and secondly, how they may support the mental health and wellbeing of others, both students and staff, especially those coming from underrepresented communities and marginalised backgrounds, through their teaching, supervision and mentoring, when providing administrative and academic support and in their daily social encounters. In this way **the HEARTS Framework operates both as a self care programme as well as a social justice and social inclusion project promoting such values as empathy, kindness, compassion, solidarity and cultural sensitivity**. Whilst it is recommended that the HEARTS programme will be offered as one integrated package (as in Section 4.1), it may also be offered in specific components, depending on the needs of the participants. For instance, there may be a specific focus on self care, with a workshop based on developing resilience and mindfulness, a specific workshop on the use of the arts such as creative arts and theatre in mental health promotion, a workshop on cultural diversity and social inclusion or a workshop on the use of a salutogenetic, participatory approach in mental health promotion. These workshops may be offered both as stand alone workshops on their own but they may also contribute to one Certificate in the HEARTS Framework once participants complete all the workshop components.

4.3 Evaluating Outcomes and Sustainability

The HEARTS Framework, offered either as a stand alone, micro credential study unit or as part of existing programmes, as well as a professional development and lifelong learning programme, needs to be **formally evaluated** in order to ensure the **continued improvement and sustainability** of the respective programmes. A course participant evaluation form, completed anonymously and voluntarily at the end of the course, will collect both quantitative and qualitative data on the quality of the sessions in terms of the course content, pedagogy, assessment, delivery, accessibility and support during the course; how relevant and useful it was for the participants' own personal and professional lives and to what extent it addressed their needs and reached their expectations; and areas of strengths, needs and improvement, with recommendations on how the course may be improved. Figure 3.4 presents an example of an evaluation form to be completed by course participants, integrating both quantitative and qualitative data. The form may be adapted according to the nature of the specific course or workshop delivered.

Figure 3.4

Example of form related to HEARTS impact evaluation

To be completed by participants upon completion of the HEARTS Framework sessions.

Section A: Quantitative Feedback

Please rate the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree):

1. **I found the HEARTS Framework personally meaningful and relevant.**

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

2. **The content of the sessions enhanced my understanding of emotional and relational dynamics.**

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

3. **The HEARTS Framework helped me develop greater self-awareness.**

☐ 1 Strongly Disagree

☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

4. The activities supported my personal and/or professional development.

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

5. I feel more confident in applying HEARTS principles in my everyday life or work.

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

6. The structure and delivery of the sessions supported my engagement.

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

7. I noticed positive changes in how I relate to others.

☐ 1 Strongly Disagree
☐ 2 Disagree
☐ 3 Neither agree/disagree
☐ 4 Agree
☐ 5 Strongly Agree

8. I would recommend the HEARTS Framework to others.

☐ 1 Strongly Disagree

☐ 2 Disagree

☐ 3 Neither agree/disagree

☐ 4 Agree

☐ 5 Strongly Agree

Section B: Qualitative Feedback
Please answer the following questions:

1. **What aspects of the HEARTS Framework did you find most impactful or useful?**

2. **Were there any challenges or areas that could be improved?** [Short answer questions]

3. **Do you have any suggestions for how the HEARTS Framework can be improved or adapted in future?** [Short answer question]

Sustainability

The sustainability of the HEARTS Framework will depend on the extent to which it is integrated in the students' course programmes and the professional development programmes of staff at the higher educational institutions where it is being implemented. This will depend first on the **academic recognition of the HEARTS Framework by the programme validation bodies** of the respective higher educational institutions and secondly on the **continuous refinement and enhancement of the framework** on the basis of the evaluation feedback by course participants (both students and staff). The more the course/programme is adapted and tuned to the needs of the members of that institution, the more likely it is that it will be maintained and sustained in the long term. In this respect, it is strongly recommended that in institutions where the HEARTS Framework has not yet been implemented, there will first be a **trial pilot of the course**, following which it may be adapted to the needs of that particular academic community. Only when the HEARTS Framework **addresses the specific needs** of the respective higher educational institution and is **in tune with its realities and ways of understanding and working of its community**, will it be likely to be implemented effectively and sustained in the long term. Once the programme has been validated, evaluated and adapted to the needs of the institution, then it will be easier for it to become an integrated core component in the academic degrees and professional development programmes of that institution.

The research carried out in collaboration with the partners of the **HEARTS project** has made it possible to identify a set of structural strategies aimed at ensuring the sustainability of the HEARTS project. Continuity is based on its **capacity to consolidate itself as an active part of university dynamics** and to **generate sustained transformations in the policies, practices and institutional cultures linked to mental health**.

One of the central pillars that emerges from the sustainability plans of the partners is the institutional integration of the **HEARTS Framework**. This integration is being carried out through the incorporation of content and methodolo-

gies into academic and support structures. For example the **Università degli Studi di Cagliari** has begun to include the results of the project in courses on health prevention offered by the **Department of Medical Sciences and Public Health**. Similarly the **Universitat Autònoma de Barcelona** plans to promote through a proposal for **Teaching Innovation Projects** the application of the HEARTS method in courses of different degrees and years with the involvement of faculty and students from various faculties.

Continuous training constitutes another key structural axis. Long-term sustainability requires training teachers, technical staff and students so that they can apply and adapt the HEARTS methodologies in their respective contexts. The **Social Community Theatre in Italy** has started training its staff with the aim of offering HEARTS workshops as part of its regular educational offering including their integration into programs such as the **Executive Master's in "Culture and Health"** and the **first-level Master's in Social and Community Theatre**. At **Instituto Universitario de Lisboa (Portugal)** the continuity of training has been planned through the **Soft Skills laboratory** particularly in the course *"Gender Equality and Diversity – Introduction"* with the aim of ensuring that the results of the project directly engage with the training in transversal competencies.

In terms of **scientific and community dissemination**, the partners have adopted multichannel communication strategies that ensure the visibility and accessibility of the results. The official **HEARTS website** and the project's **social media** will continue to be updated. The partner institutions will use their social media, such as Facebook pages and their own websites, to disseminate the materials, testimonials, guides and resources developed within the framework of the project. In addition, the publication of scientific articles and participation in international conferences is foreseen, especially promoted by **IUHPE - International Union for Health Promotion and Education**, which has recognised the value of HEARTS as a practical application model of its competency framework for health promotion.

HEARTS

Chapter 5
GOOD PRACTICES FROM THE HEARTS FRAMEWORK PILOT PROJECT

The creation and consolidation of **collaboration networks** is also positioned as a key sustainability strategy. The **Centre for Resilience and Socio-Emotional Health** at the **Universita' ta' Malta** is committed to creating partnerships with various entities including student organisations and public policy makers in order to ensure the adoption of the HEARTS approach at various educational and community levels. Likewise, the **Social Community Theatre** has proposed the establishment of a network of partners for the development of future projects focused on mental health and community wellbeing.

The sustainability of HEARTS is also articulated with the strengthening of **institutional policies** aimed at wellbeing. For example, at **Universitat Autònoma de Barcelona** the use of the project's findings is planned to influence organisational changes that prioritise the psychosocial wellbeing of students. Similarly, **Instituto Universitario de Lisboa** plans to integrate the learnings from the project into existing initiatives such as **Iscte Saúde, BeWell** and **IN-Iscte**, consolidating an institutional strategy for the promotion of mental health.

In all cases attention to **diversity** remains a transversal principle. The strategies developed by the partners include specific actions to address the needs of students and staff belonging to diverse and underrepresented groups. **Instituto Universitario de Lisboa** has highlighted its commitment to culturally sensitive methodologies and inclusive approaches in communication and training while **Universita' ta' Malta** incorporates this perspective through its work with students from a migrant background. Its work on equity and resilience and its participation in European networks focused on socio-emotional competence.

Taken together these strategies (supported by concrete examples from the partner organisations) demonstrate that the sustainability of HEARTS does not depend exclusively on its execution timeframe. It is manifested through its capacity to generate lasting, transferable and transformative changes within institutions in constant dialogue with their communities, local contexts and international networks. This sustainability responds to a technical requirement and at the same time represents an **ethical commitment** to building university environments that are fairer, more inclusive and committed to mental health as a **right** and as a **collective responsibility**.

Chapter 5 Good Practices From the HEARTS Framework Pilot Project

Introduction

This chapter presents examples of good practices in the HEARTS Framework from the pilot implementation of the HEARTS workshops, implemented with students and staff Universitat Autònoma de Barcelona (Spain), Instituto Universitario de Lisboa (Portugal), Universita' ta' Malta (Malta), Università Degli Studi di Cagliari (Italy) and the Social Community Theatre, Torino (Italy). It also provides information on transnational collaboration and how to build networks for HEARTS Framework programmes.

5.1 Good practices identified from the HEARTS Framework pilot implementation

The HEARTS Framework was piloted in the five partner institutions which formed part of the project. Several students and members of staff attended the mixed workshops at the five respective universities. The student workshops consisted of a minimum of 16 hours of training, the staff workshops consisted of a minimum of 8 hours of training, whilst the mixed workshop also consisted of a minimum of 8 hours of training. At the end of the workshops, participants shared their feedback regarding their experience of the HEARTS framework through an anonymous online evaluation form that consisted of quantitative and qualitative questions.

Facilitate University Death Café to Address Grief and Loss

By ISOR UAB

One of the most significant activities was the university **Death Café**, held in the Pilot with students and staff. The session addressed an emerging need: to openly talk about death, grief and suicide, topics almost absent at the university. The participation and interest from the participants was very high. The age diversity (group of students and staff) enriched the dialogue whilst the previous group dynamics helped to create collaboration among the participants. The session allowed for addressing personal losses that are usually silenced, such as pet loss or gestational loss and generated relief, emotional connection and a demand for continuity. Unlike the classic version of the Death Café, the activity incorporated its own elements: a preliminary warm-up dynamic called "Samurai" to break the ice and hierarchies and a closing activity in nature that evoked the life

cycle. This proposal is easily transferable to other university contexts as long as there is expert facilitation, sensitivity to diversity and an institutional framework that emotionally and ethically supports this type of gathering.

Adapt the Ikigai Framework to Mental Health

By ISOR UAB

Another good practice identified was the Ikigai framework adapted to mental health, carried out in the Pilot with academic and administrative staff. It was a guided reflection exercise that helped identify activities and values that bring serenity and wellbeing. Several people later commented that the activity had helped them make important decisions. Its methodological simplicity, along with the non-self-help and personal values-centered approach, makes it highly adaptable to different university groups. Aspects such as furniture, climate control or space distribution also played a key role in the group's wellbeing.

Apply Theatre of the Oppressed and Character Creation to Explore University Conflicts

By ISOR UAB

In the Pilot with students, the activity of character creation and Theatre of the Oppressed was applied. The group created characters to be able to talk about their conflicts without having to expose themselves directly. Through these characters, they portrayed scenes about real problems they face at the university. Fiction allowed for the expression of difficult emotions and, at the same time, collective reflection on issues that affect the group, such as discomfort, academic pressure or the feeling of not fitting in. It is a highly transferable proposal, especially in disciplines such as social sciences, as long as there is clear facilitation, sufficient time and a teacher's willingness to go beyond conventional assessment.

Facilitate Experiential and Group Exercises on Inclusion and Mental Health

By CIS ISCTE

Experiential exercises and group exercises which encourage participants' reflection on inclusion, discrimination and stigma and their impact on mental health, as well as experiential discussions, such as those focusing on PhD burnout, were found to be the most impactful.

Incorporate Mindfulness and Grounding Exercises

By UM

These were particularly effective in supporting emotional regulation and present-moment awareness. Beginning sessions with brief guided mindfulness practices helped participants to centre themselves and engage more meaningfully with the activities.

Use Campus Mapping to Foster Inclusion

By UM

This participatory activity asked students to visually map areas of safety, exclusion and belonging on campus. It helped to identify systemic and environmental barriers while fostering critical reflection and group dialogue. The visual and experiential format was accessible, inclusive and highly adaptable.

These activities require minimal materials, can be easily adapted cross-culturally and support both individual insight and systemic awareness. Furthermore, both practices are recommended as HEARTS Good Practices due to their adaptability, emotional accessibility and strong alignment with wellbeing-focused learning.

Starting The Sessions With Icebreaker Activities

By UNICA

Starting each session with a short icebreaker of around 10-15 minutes helped to create an environment where participants were more comfortable with each other and helped to overcome potential barriers related to their roles within the university, such as staff and student roles.
Icebreaker and similar activities also helped to create a confidential and collaborative environment, which was necessary for the implementation of subsequent activities.

Use Role-Playing for Safe Exploration of Health Challenges

By SCT-COREP

Role-playing activities focus on character construction whereby the participants are given criteria to build believable characters and explore the potential health challenges they might face. These were identified as a best practice as they enable deep experiences and themes to be brought to the surface, by allowing participants to bring forward their own experiences and ideas around a topic indirectly, within a safe environment.

Create Playful and Creative Settings for Simulation

By SCT-COREP

A playful and creative setting where participants can simulate behaviours within given scenarios allows for genuine learning on how to act in real life situations, enhancing social skills. A health-seeking map is then built on the character's health challenge, including the resources offered by the university and local services, which participants may make use of themselves.

5.2 Most impactful parts of the HEARTS workshops

During all five of the pilot workshops of the HEARTS project, there were several elements that we should mention, since we observed that they had a large influence on what happened:

Emotional safety and expressive spaces

A central observation from the workshop-analysis was that emotionally safe and unjudgemental rooms for sharing internal experiences were necessary for an extensive sharing practice. Methodologies like Theatre of the Oppressed, Death Cafés and dynamics of the body facilitated shared reflections on topics that are frequently tabooed within academia, such as mourning, professional exhaustion and psycho-emotional pain. In analytical terms, such methods facilitated processes of inter-subjective identification whereby individuals were able to solidarise with others by seeing themselves in the experiences of their fellow group members and also acquire new relevant socio-emotional competences (such as empathy and effective solidarity) as well as enhanced capacity for relatedness. In addition, examination of group responses showed that these 'mirror effects' facilitated the questioning of implicit institutional norms around vulnerability (of self and others) and a collective re-conceptualisation of emotional distress as a collective (and legitimised) phenomenon in a university context.

Empowerment through active participation

In stark contrast to more traditional designs that are underpinned by the authority afforded to workshop facilitators, in several cases during the pilot sessions, the epistemological significance of acknowledging participants as being experts within their own life pathways was underscored. Approaches to knowledge production that are rooted in co-creation and horizontal exchange among peers, such as Photovoice, Barrier Mapping or Intergroup Reflection made it possible for members to engage in collaborative processes of situated knowledge production. Not only did this approach foster personal and community empowerment, but it also increased the level of ownership participants had over designing and managing their mental health interventions." More broadly, these findings highlight

the importance of modelling pedagogies that challenge normative hierarchies and promote a critical autonomy that supports more inclusive and resilient university communities.

Experiential and reflective techniques for well being

The combination of artistic, meditation and body practices (like active listening, tools for systemic resilience or creative expression…) also proved to be especially empowering. These methods enabled participants to access their emotions, consider the pressures placed upon them by institutions and develop resilience in response to academic and personal stress. And they also provided ways to participate that are inclusive of people who don't express themselves verbally or don't communicate through abstract thought.

Focus on particular vulnerabilities and diversity

A shared concern that arose was the importance of offering mental health services that are specialized for marginalized populations such as Doctoral students, international respondents and individuals from at-risk or underrepresented groups. Several sessions emphasized the underserved nature of the population, members' vulnerability to acculturative stress and lack of support networks and professors' invisibility in the university configuration.

Connect people and systems through bridges

Finally, some of the most creative engagement experiences emerged when we attempted to link people with institutional resources and other peers. Workshop facilitators served as an intermediary between the participants and university resources facilitating meaningful conversation, which promoted advocacy for services and reduced barriers to receiving help. Workshops often worked as sites of new connections, friendships and relationships that went on beyond the actual workshop.

HEARTS

Chapter 6
TESTIMONIALS FROM PARTICIPANTS IN THE PILOT PROJECT

5.3 Transnational Collaboration: Building Networks for the HEARTS Framework

The HEARTS Framework has been co-created through a transnational collaboration amongst five European higher education institutions, utilising each partner's transdisciplinary expertise in health promotion, wellbeing, inclusion, and resilience. It is thus an **innovative tool for higher educational institutions in Europe** designed collaboratively amongst the five partners. The partners may continue working collaboratively in the implementation of the HEARTS Framework through their shared contribution according to their expertise. The partners may also engage in joint evaluations of the HEARTS Framework in different contexts and publish their findings in peer reviewed journals. A core team consisting of researchers from the five partners may continue to promote the **implementation, adaptation and evaluation of the HEARTS Framework** in various higher educational institutions across Europe, **providing training, mentoring and resources**. In the case of new higher educational institutions which would like to implement the HEARTS Framework, we suggest first a needs analysis of their context, including existing strengths and identified needs, and then adapting the HEARTS Framework according to their own context. In this way, the HEARTS Framework may continue to **evolve and develop according to the diverse contexts across Europe**, and this become more representative of the diversity of the mental health promotion needs in higher educational institutions in Europe.

The **HEARTS Project website** may be maintained and regularly updated to serve a central hub for the dissemination and sustainability of the HEARTS Framework. It may include a platform where interested partners may share practice whilst being provided with more information and expertise on the HEARTS Framework and how it may be adapted and implemented in their own contexts. The establishment of a **Network of Universities for the promotion of mental health and inclusion in higher education in Europe**, providing training, resources and good practices, may help to strengthen and broaden the emerging HEARTS Framework across Europe (see Chapter 7).

Hi! I am a cisgender woman and a PhD psychology student. I attended two workshops of the HEARTS project: "DEI In Research Practices: From research teams to research participation" and "Ph.D. Wellness: Fostering Mental Health and Wellbeing in Higher Education using PhotoVoice".

The exercises allowed us to reflect on and share our stances, experiences, and opinions on the topic in what we felt was a safe space from the beginning. Although some differences emerged, everyone was very respectful and mindful of other people and their opinions, which was mainly possible because of how the facilitators conducted the workshop and the environment they created for all of us.

Another aspect that stood out was the opportunity to learn more about the topic through literature and scientific research, focusing on the theoretical aspects and impact of exclusion, especially for those in minority groups. We learned a lot about cultural competence, for instance, and had the opportunity to do some exercises and to discuss how to integrate it into our research. We also received helpful notes on language and how to make it more inclusive in our daily lives and in our work with vulnerable people such as minority groups. After the workshop, we were also sent a lot of materials and guidelines on the topic, which I appreciate because I can always refer to them.

I would absolutely recommend attending this workshop. Not only for learning about these topics and their importance, but also because we seldom have the opportunity to discuss them in the first place, especially in a safe and respectful environment. And I mean safe and respectful in every sense of the word: safe and respectful for those who are just learning about these topics and for those who know more about and/or consider themselves part of a minority group. It was a real pleasure, and I hope to have more opportunities like this throughout my PhD journey!

Student ***Instituto Universitario de Lisboa (Portugal)***

The workshop on Diversity, Equity, and Inclusion in Research resonated with me, being an African Woman with a not so visible disability. I learned how to look beyond my biases and prejudices as an individual to create a safe and inclusive environment as a researcher. What stood out most was the practicalisation of inclusion in the workshop. It exceeded my expectations by highlighting not just policy but also everyday practices that foster wellbeing and respect in research. I left with a clearer sense of how to implement DEI principles into my own research design and collaborations. I would definitely recommend this workshop to others, it equips researchers with tools for more responsible, ethical, and human-centered research practices.

Staff ***Instituto Universitario de Lisboa (Portugal)***

Chapter 6 **Testimonials From Participants**

As a member of the academic staff, I greatly appreciated the stepping back and reflection afforded by the workshop. The session provided a structured space for self-exploration. It encouraged me to pause and reconnect with what brings meaning and purpose to both my professional and personal life. The integration of mindfulness practices with the Ikigai framework was particularly useful. It allowed for a deeper engagement with the concepts of purpose and balance. The exercises encouraged a practical application of the concepts presented during the workshop. I found myself mentally refreshed and energised. It reminded me of the importance of small, intentional choices and the value of reconnecting with what is meaningful in my life. I would certainly recommend this workshop to colleagues. In the fast-paced and often externally driven nature of our work, it offers an opportunity to reflect and take practical steps towards living more purposefully and mindfully.

Staff ***Universita' ta' Malta (Malta)***

As a 20-year-old student currently pursuing a Psychology (Honours) degree at the University of Malta, I attended the workshop without a clear idea of what to expect. However, the experience far exceeded my expectations. I felt that it was a highly interactive workshop and fostered a safe space to share my thoughts on the topic. What stood out most were the first two sessions, which I found particularly engaging and informative. Prior to attending, I only had brief knowledge regarding the topic, but the workshop provided me with a deeper understanding of the concept and how it relates to my overall wellbeing and mental health. I noticed that this new perspective has helped me feel calmer and more grounded in my daily life. I would highly recommend this workshop, especially to psychology students, as it offers a refreshing and holistic approach that broadens our understanding of wellbeing.

Student ***Universita' ta' Malta (Malta)***

I am a student at the University of Cagliari and took part in the workshop related to the HEARTS project on mental wellbeing in the university setting. It was an engaging and enriching experience: I was able to reflect in depth on what it means for me to "fit in" at university and to engage with other students in an atmosphere of listening and respect. The workshop allowed me to feel less alone in some common difficulties and to become more aware of the value of mental health. It also gave me concrete tools to recognise my needs and respect them. I would recommend it to everyone: it is a precious moment to stop, express oneself and listen, with the guidance of competent people and in a safe space. An experience that leaves its mark.

Student ***Università Degli Studi di Cagliari (Italy)***

I am a member of staff at the University of Cagliari and participated in the HEARTS project workshop. I was invited by the organizing professors to join the mixed student-staff group. Ever since I studied and applied the photovoice methodology, it has always struck me as a valuable tool for exploring, understanding, and analysing processes and content related to wellbeing.

I believe photovoice should also be understood in this light: as an opportunity to affirm how we see the world—from the perspective of those who live it, not just those who speak about it. It has taught me that, in order to truly listen to ourselves, we must first see ourselves, recognize ourselves, and learn to view ourselves through the 'window of others.' As Paulo Coelho writes, 'the extraordinary lies in the path of ordinary people.'

Participating in the HEARTS project felt like looking into a mirror for the first time—with new eyes. It was a transformative, profound, and surprisingly personal experience. Everyone should consider attending the workshop, as it offers a rare opportunity to truly see one another, to be heard, and to contribute to the collective construction of wellbeing and awareness—a journey that enriches both the educational and human experience.

Staff ***Università Degli Studi di Cagliari (Italy)***

Initially, when I signed up for the HEARTS workshop, I didn't really know what to expect.
I was prompted to take part in the workshop when I saw my group of friends from university signing up, and when I realised it was "theatre" I was intrigued. Right from the first meeting, once I left after two and a half hours of workshop at the end of the day, instead of being tired I was there humming Stand Up by Hindi Zahra and dancing at the bus stop with my friends. It may seem trivial, but this workshop not only allowed me to learn new educational techniques to use with the children I animate in my spare time, but above all it allowed me to strengthen my relationship with my "university colleagues", friends whom I had met by chance six months earlier and with whom I had started attending classes, but without ever going beyond midweek company.

Thanks to this workshop, we really began to get to know each other, to talk, to compare notes, not only talking about university but also about our private lives, we learnt to trust each other, and to use the "dances" to unload the heaviness of the day.

Student ***Social Community Theatre, Torino (Italy)***

Participating in the HEARTS workshop felt like reopening a window onto the possibilities for connection and well-being that a Social and Community Theatre lab can offer. I had high expectations, as I am familiar with the approach and theatrical techniques used—and as I imagined, they were fully met. The workshop successfully combined moments of deep reflection with creative and engaging activities, creating a safe space where some of the actors who inhabit the University (professors, students, and technical-administrative staff) were able to express and share their diverse experiences, strengthening the sense of community.
As a professor and professional tutor in the Nursing degree program, I had an important opportunity to reflect on my personal way of promoting mental wellbeing within my university community on a daily basis. This brief experience once again allowed me to challenge and refresh my relational and communication skills—skills that, like plants in a pot, need constant watering and care in order not to wither, and to avoid taking everything and everyone for granted.
On a personal level, I felt welcomed, valued, and part of a group that was able to build trust and genuine listening.

Staff ***Social Community Theatre, Torino (Italy)***

Chapter 7
RECOMMENDATIONS AND FUTURE DIRECTIONS

in the Pilot Project

This chapter presents two testimonials from each partner institution which implemented the pilot HEARTS Framework workshop with students and staff. The testimonials illustrate the experiences of students and staff during the workshops at each respective university.

I am a UAB student. After four years, I encountered for the first time a non-conventional educational experience within our faculty and it turns out to be the closest one so far. By close I mean that, far from avoiding the basic and fundamental concepts of sociology, in the workshop we have confronted them by looking them in the eyes. At the same time, we have intertwined with them in a more tangible way, we have been able to touch them, mold them, inspect them. It has been a pedagogical experience in which your direct involvement became essential without being forced. When teaching to exercise critical thinking, I find it indispensable that one works, first of all, on the subject itself. I have discovered in this workshop the importance of observing and questioning oneself as a starting point in social research. As well as the infinity of possible ways of learning yet to be discovered. It has been inspiring. Many thanks again.

Student ***Universitat Autònoma de Barcelona (Spain)***

I am part of UAB. Participating in the *HEARTS* workshop allowed me to feel part of a whole, to verify that the soul of UAB is one, that we all form part of it: those who study, the different types of faculty staff and those of us who dedicate our work time to managing the administrative part, often seen as the most boring.
The most beautiful thing was sharing time and feelings. Listening to other stories that coexist on campus: we are many people, with very different life moments and ages, but with common concerns and much to contribute.
I fervently recommend participating in the workshop, the games and reflections, letting yourself be carried away, looking inward to externalize.
You'll be left wanting more!

Staff ***Universitat Autònoma de Barcelona (Spain)***

Chapter 7 Recommendations and Future Directions

Introduction

The HEARTS Framework seeks to **increase the quality of mental health promotion** and **address common needs and priorities in higher education institutions**. More specifically, it aims to promote the **inclusion and wellbeing of vulnerable groups who are more susceptible to traumatic experiences**, such as persons with disabilities, those from migrant backgrounds, those fleeing war, victims of violence, those facing gender inequalities, socio-economic difficulties and other potential sources of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age, or sexual orientation. It seeks to do so by **fostering inclusive learning environments in higher education, building capacity for transnational cooperation among higher education institutions in addressing mental health promotion, and enabling change among higher education communities through training and accessible resources that promote awareness and resilience-building in mental health**. In this chapter we propose various recommendations on how the HEARTS Framework may be promoted and implemented in higher educational institutions through programmes, policy, practice and research, utilising transnational collaboration and shared resources.

7.1 Policy and curriculum recommendations

One of the key messages arising from the HEARTS Framework is **the need to actively raise awareness of, advocate and make provisions for the inclusion, mental health promotion and trauma prevention in higher education institutions, particularly for those who are susceptible to traumatic experiences**. We propose various recommendations on how the campus climate, policies, practices and programmes may facilitate this process.

7.1.1 Campus climate

Higher education institutions need to create an **inclusive learning and working environment** which seeks to foster an environment where all students and staff feel welcomed, respected, valued, and supported, regardless of their background, identity, or experiences. This entails various strategies and initiatives at policy, advocacy, practice and research levels, including but not exclusive of,

* **leadership and management commitment** to the values of diversity, equity and inclusion, ensuring such values are embedded in university mission, policies, and strategic plans, allocating adequate resources to support such initiatives, and ensuring diverse representations in management and decision making bodies, including students and staff from underrepresented communities and marginalised backgrounds (see below);
* **promoting culturally and equity sensitive and trauma-informed programmes and pedagogy**, including the HEARTS Framework and consequent education and training of students and staff (see below);
* **raising awareness of, celebrating and promoting advocacy on, the benefits of diversity, equity and inclusion**, and **providing safe, inclusive and communal spaces**, fostering mutual understanding and a sense of belonging;
* **ensuring adequate and accessible support** such as orientation, mentoring, social and emotional support and **support with academic studies/work** for students and staff (see recommendation below);
* **actively encouraging students and staff to exercise their rights** and speak and act against discrimination, bullying, cyberbullying and mobbing, with **clear poli-**

cies and guidelines on what action students and staff may take in case of harassment and bullying;
* **undertaking regular climate surveys** to explore the views and experiences of students and staff on diversity, equity and inclusion.

7.1.2 Policy

Higher educational institutions need to have **diversity, equity and inclusion clearly listed in their strategic plans** and translated into specific policies with set policy actions. A diversity, equity and inclusion policy will seek to increase the quality of mental health promotion and trauma prevention, in order to support staff and students, promote their inclusion, particularly those more vulnerable to experiencing trauma, and mainstream the promotion, awareness and resilience-building in mental health, trauma prevention and support. In the development of such a policy, three key issues need to be taken into consideration. First, the policy needs to be **developed together with the students and staff themselves**, including those more susceptible to trauma, so that it will be culturally and contextually relevant and meaningful and consequently more likely to be effective. Secondly, it needs to be **regularly reviewed and adapted for it to remain meaningful and sustainable**, with both quantitative (outcomes) and qualitative (processes) indicators of effectiveness. Finally, the policy may be either **developed as a stand alone policy or included in existing policies on mental health promotion and inclusion** at the respective institutions. If policies on mental health promotion and inclusion are already in place, it may be feasible and practicable to amend these to also include the needs of students and staff vulnerable to trauma.

7.1.3 A Department for Diversity, Equity and Inclusion

Higher education institutions need to have **a dedicated body to implement such a policy**, and coordinate and support the mental health, wellbeing and inclusion of students and staff, particularly those facing issues of marginalisation, exclusion, discrimination, or any other barriers in their academic, professional and social wellbeing. They may wish to **adhere to a Health Promoting University approach**, which is in place in various Universities across the globe. They may also establish a central Department for diversity, equity and inclusion which will be responsible for policy development and implementation, including

· drafting and enforcing **policies that promote equity and prevent discrimination** and advise university administration and leadership in **strategic diversity planning** and on **best practices in inclusion and equity**;
· leading **institutional initiatives and committees** related to diversity, equity and inclusion goals;
· providing **education and training** for students and staff and support staff development in equitable and inclusive practices;
· providing and/or coordinating **support services and advocacy for students and staff**, particularly those susceptible to trauma and from underrepresented communities and marginalised groups;
· assisting in **recruitment of diverse staff, and students**, and support retention through **mentorship programs, affinity groups, and inclusive workplace initiatives**;
· engaging in **data collection and assessment**, such as collecting data on campus climate, representation and equity outcomes;
· **building partnerships with other faculties and departments** to ensure inclusive events, curricula and pedagogy, as well as with external communities and entities that support diversity equity and inclusion.

7.1.4 Curriculum and Pedagogy: The HEARTS Framework

The programmes' **curriculum and pedagogy** are another key pillar in the promotion of mental health, inclusion and diversity in higher educational institutions. Higher educational institutions need to examine the extent to which their programmes' curricula and pedagogy are **culturally-, equity- and trauma- sensitive**. The HEARTS Framework is one tool through which programmes may be reviewed in this regard. Such an exercise may be undertaken on a regular basis by the Department for Diversity, Equity and Inclusion, in close collaboration with students and staff themselves.

As part of this exercise, the Department also needs to offer workshops and training for both staff and students on developing **attitudes, behaviours and practices which celebrate diversity, emphasise fairness, and justice, address any implicit and explicit prejudices and biases, and foster intercultural connectedness and solidarity**. Staff in particular needs training in engaging in culturally and equity sensitive pedagogy, engaging in teaching, supervision and mentoring from a trauma-informed lens, and building supportive relationships with the students and fellow colleagues, including those from underrepresented communities and marginalised groups.

In Chapter 4 of this Guide we also provided various suggestions and a course template on how the HEARTS Framework may be accredited and embedded in existing programmes and/or offered as a stand alone micro-credential. We also made suggestions on how the HEARTS Framework may also be offered as a professional development workshop or programme for the staff.

7.1.5 Mental health and wellbeing services

Higher education institutions need to ensure that the mental health and wellbeing services offered for both students and staff are **adequately resourced, accessible, equitable, and culturally responsive**. Services need to be offered in a non-stigmatising approach, integrated with other health and wellbeing services, and accompanied by anti-stigma campaigns (e.g. mental health ambassadors on campus). **Awareness campaigns** to ensure that all students and staff are aware of the services provided, are more likely to work by ensuring service accessibility by removing barriers such as costs and long waiting times (eg. online self schedu-

ling, online consultation, counselling drop-in places). There also needs to be **a focus on health promotion, besides intervention**, such as through wellbeing workshops, mentoring programmes, mindfulness sessions, and healthy lifestyles workshops. Staff at the mental health and wellbeing services also need to be trained in **intercultural competence and diversity** and in **trauma-informed practices**. Services may also undertake equity audits to evaluate whether the services provided are reaching out to and addressing all students and staff on campus, including underrepresented ones.

7.2 Recommendations for further research and practice

The HEARTS Framework has been piloted with students and staff at the five European higher education institutions which developed the framework, and has been revised according to the feedback received from course participants. We strongly recommend, however, that **regular evaluation of the framework** will ensure it remains meaningful and sustainable. For instance, other higher educational institutions who may have developed expertise in particular areas of mental health promotion and trauma-informed practice, may include such areas within the HEARTS Framework workshops and modules, and then evaluate the effectiveness of the adapted approach.

Evaluation of the HEARTS Framework may evaluate both **the process and the outcomes**. Qualitative feedback from participants on their satisfaction and the relevance, usefulness and impact of the workshop/course, may be accompanied by pre and post design trials evaluating the impact of the framework on the participants' inclusion, participation in academic life, mental health and wellbeing, resilience, academic studies such as performance and retention rate, and academic and professional duties. This ongoing evaluation, making use of mixed methods and ensuring the participants' own feedback, will ensure that the HEARTS Framework will continue to **evolve into a relevant and sustainable approach to mental health promotion and inclusion in higher education**.

Publications based on the HEARTS Framework, particularly effectiveness studies in peer reviewed journals, will ensure increased visibility and dissemination of the HEARTS Framework beyond the five partner institutions originally involved in its creation.

7.3 Conclusion: Connecting across Europe: transnational collaboration and shared resources

The HEARTS Framework has been co-created through a transnational collaboration amongst five European higher education institutions, utilising each partner's transdisciplinary expertise in health promotion, well-being and inclusion. It is being proposed as an **innovative tool for higher educational institutions in Europe and beyond, to promote trauma support into higher education environments, emphasising inclusivity and community-based approaches**. The Activity Handbook accompanying this Guide serves as a resource for fostering culturally sensitive health promotion activities for students and staff. In ensuring the dissemination and sustainability of the HEARTS Framework both within the partner institutions and in other higher educational institutions in Europe and other parts of the globe, we recommend various initiatives in the medium and long term.

The established collaboration amongst the HEARTS project partners may be strengthened and sustained through **multilateral and bilateral agreements**, such as staff and student mobility exchanges, joint research projects such as evaluation of the HEARTS Framework, and shared practice such as partners contributing to the workshops in each others' respective institutions. In this way, the transnational collaboration between the partners will be strengthened and sustained.

In the case of new higher educational institutions which would like to implement the HEARTS Framework, we suggest first a needs analysis of their context, including existing strengths and identified needs and then adapting the HEARTS framework according to their own context. In this way the HEARTS framework may continue to evolve and develop according to the diverse contexts across Europe and this become more representative of the diversity of the mental health promotion needs in higher educational institutions in Europe.

The HEARTS project website will be maintained and regularly updated to serve as a **central hub for the dissemination** and sustainability of the HEARTS Framework. It may include a platform where interested partners may share practice whilst being provided with more information and expertise on the HEARTS Framework and how it may be adapted and implemented in their own contexts.

Individual and joint presentations in **national and international conferences** on the HEARTS Framework will also facilitate transnational collaboration and shared resources. The first HEARTS Conference at the Universitat Autònoma de Barcelona in December 2025 may be turned into a series of ongoing annual conferences held regularly in different European countries.

Finally, we recommend the **establishment of a Network of Universities** for the promotion of mental health and inclusion in higher education. This will be a **flexible, collaborative network** where European and other Universities will work together through **collaborative initiatives and shared expertise and resources** to promote trauma support in higher education environments, emphasising inclusivity and mental health promotion. The Network may provide joint workshops and accredited programmes in the HEARTS Framework, organise conferences and webinars, and facilitate joint research collaborations, amongst others.

Promoting **diversity, equity, and inclusion in higher education** is not only a matter of social justice but also essential for mental health and wellbeing, and academic achievement and innovation. As societies continue to evolve and seek to adapt to the new and emerging social, demographic, economic, and technological challenges, **the HEARTS Framework provides a meaningful and innovative tool for higher education communities to thrive in a diverse and challenging world**. Through its skills-based experiential activities, it provides a unique personal and professional development experience in promoting and taking care of the mental health and wellbeing of oneself and others.

Acknowledgements

We would like to express our sincere gratitude to the students and staff members of the Universities of Barcelona, Lisbon, Turin, Malta and Cagliari who actively participated in the pilot workshops of the HEARTS project. Their enthusiastic engagement, invaluable contributions and active feedback were fundamental in allowing us to experiment with, refine and co-create the activities and contents included in the HEARTS materials, including the HEARTS Guide.

References and Suggested Readings

Delgadillo, J. (2018), *Worlds apart*: Social inequalities and psychological care. Couns. Psychother. Res., 18: 111-113. https://doi.org/10.1002/capr.12168

Haslam, C., Cruwys, T., Haslam, S. A., Dingle, G., & Chang, M. X. (2016). *Groups 4 Health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health*. Journal of Affective Disorders, 194, 188–195. https://doi.org/10.1016/j.jad.2016.01.010

Hill, C. E., Thompson, B. J., Hess, S. A., Knox, S., Williams, E. N., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196-205. https://doi.org/ 10.1037/0022-0167.52.2.196

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A Guide to Conducting Consensual Qualitative Research. *The Counseling Psychologist, 25*(4), 517–572. https://doi.org/10.1177/0011000097254001

International Conference on Health Promoting Universities & Colleges (2015). *Okanagan Charter: An international charter for health promoting universities & colleges*. 2015 https://open.library.ubc.ca/clRcle/collections/53926/items/1.0132754

Jetten, J., Haslam, C., & Haslam, S. A. (Eds.). (2012). *The social cure: Identity, health and well-being*. Psychology Press. https://doi.org/10.4324/9780203813195

Keyes, C. (2009). Brief description of the mental health continuum short form (MHC-SF). *American Journal of Public Health, 100*(12), 2366–2371. https://doi.org/10.13140/RG.2.2.24204.62088

Leach, C. W., van Zomeren, M., Zebel, S., Vliek, M. L. W., Pennekamp, S. F., Doosje, B., Ouwerkerk, J. W., & Spears, R. (2008). Group-level self-definition and self-investment: A hierarchical (multicomponent) model of in-group identification. *Journal of Personality and Social Psychology, 95*(1), 144–165. https://doi.org/ 10.1037/0022-3514.95.1.144

Mittelmark B, Bauer G, Vaandrager Lenneke et al. (2022). *The Handbook of salutogenesis.* Springer. https://link.springer.com/book/10.1007/978-3-030-79515-3

Postmes, T., Haslam, S. A., & Jans, L. (2013). A single-item measure of social identification: Reliability, validity, and utility. *British Journal of Social Psychology, 52*(4), 597–617. https://doi.org/10.1111/bjso.12006

Renshaw, T. L., Long, A. C. J., & Cook, C. R. (2015). Assessing adolescents' positive psychological functioning at school: Development and validation of the student subjective wellbeing questionnaire. *School Psychology Quarterly, 30*(4), 534–552. https://doi.org/10.1037/spq0000088

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477–486. https://doi.org/10.1002/j.1556-6676.1992.tb01642.x

Ungar, M. (2020). *Multisystemic Resilience: Adaptation and Transformation in Contexts of Change*. Oxford University Press.

van Dick, R., & Haslam, S. A. (2012). Stress and well-being in the workplace: Support for key propositions from the social identity approach. In J. Jetten, C. Haslam, & S. A. Haslam (Eds.), *The social cure: Identity, health, and well-being* (pp. 175–194). Psychology Press.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325–337. https://doi.org/10.1037/0022-0167.53.3.325

Wang C, Burris MA. (1997). *Photovoice: concept, methodology, and use for participatory needs assessment*. Health education & behavior, 24(3), 369-387.

World Health Organization (1986). *The Ottawa Charter for Health Promotion*. https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

World Health Organization (2021). *Health Promotion Glossary of Terms*. https://www.who.int/publications/i/item/9789240038349

Bibliography

HEARTS foundation bricks report: Mental health needs assessment of five European higher education institutions. (2025). https://drive.google.com/file/d/19vpUbNgdfRDOwJmhc45iKxWnAeJZdNJM/view?usp=sharing

HEARTS activity handbook: Activities to foster culturally-sensitive and community-based mental health promotion in higher education. (2025). https://drive.google.com/drive/folders/1bxXRiUp0XbYXhRYdlvHBcqloF_zPTfR1

Impressum

This publication was developed as part of the European "HEARTS: Higher Education Action Response for Trauma Support " (Project n°: 2023-1-ES01-KA220-HED-000158841).

The project was supported by the European Commission's Erasmus+ program. This publication reflects the views only of the authors and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Authors:

ISOR | UAB

María Esther Fernández Mostaza, PhD. Department of Sociology (Universitat Autònoma de Barcelona). Maria-Esther.Fernandez@uab.cat

Irantzu Casajús Vallés, MA. Department of Sociology (Universitat Autònoma de Barcelona).

SCT CENTRE | COREP

Alessandra Rossi Ghiglione, PhD, Director of Social Community Theatre Centre (University of Turin - COREP). alessandra.ghiglione@unito.it

Fabrizio Stasia, MA, Social Community Theatre Centre

Irene Iuliano, MA, Social Community Theatre Centre

CRES | UM

Carmel Cefai, PhD, Centre for Resilience and Socio-Emotional Health, University of Malta. carmel.cefai@um.edu.mt

Chantal Avellino, PhD, Department of Psychology, University of Malta. chantal.avellino@um.edu.mt

Rachel Spiteri, MSc, Centre for Resilience and Socio-Emotional Health, University of Malta. rachel.spiteri@um.edu.mt

CIS_Iscte

Carla Moleiro, Ph.D., Associate Professor, Centre for Psychological Research and Social Intervention, Instituto Universitário de Lisboa. carla.moleiro@iscte-iul.pt

Gustavo Aybar Camposano, Ph.D., Research Assistant, Centre for Psychological Research and Social Intervention, Instituto Universitário de Lisboa. Gustavo_Aybar@iscte-iul.pt

UNICA

Alessandra Mereu , PhD, Associate Professor, Department of Medical Science and Public Health, University of Cagliari. amereu@unica.it

Claudia Sardu, PhD, Associate Professor, Department of Medical Science and Public Health, University of Cagliari. csardu@unica.it

COPYRIGHT

This publication is licensed under a Creative Commons CC BY-NC-SA "Attribution-NonCommercial-ShareAlike" license.

Co-funded by the European Union

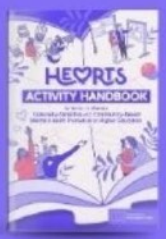
Sense of Belonging
Connecting with others creates a safety net

Real Inclusion
Considering needs of vulnerable groups

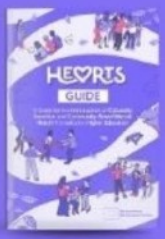
De-stigmatization
Asking for help is safe and encouraged

Brought to life through mental health promotion **workshops** and **practical resources**

HEARTS FOUNDATION BRICKS REPORT
Mental Health Needs Assessment of Five European Higher Education Institutions



HEARTS ACTIVITY HANDBOOK
Activities to Foster Culturally-Sensitive and Community-Based **Mental Health Promotion** in **Higher Education**



HEARTS GUIDE
A **Guide** for the **Introduction** of **Culturally Sensitive** and **Community-Based Mental Health** Promotion in **Higher Education**

DOWNLOAD THE HEARTS RESULTS! heartsproject.eu/results

Your **Support** Network at UAB Universitat Autònoma de Barcelona

At UAB, you can access a diverse support network for mental health and well-being. If you need immediate or first-line support, the Health Care Service (SAS) provides medical assistance and includes a Psychology Unit. For psychological support, the Psychology and Speech Therapy Service (SPL) offers a first visit free, with follow-up sessions at a reduced fee. If you have Specific Educational Needs, PIUNE provides tailored academic support and inclusion measures. You can also contact the Equality Observatory and its Psychgenre Unit for support related to gender-based violence, discrimination, or emotionally distressing experiences linked to inequality. At a community level, the Mental Health CORE and RSU initiatives promote mental health through awareness, prevention activities and opportunities to connect across campus.

Scan the QR code to explore the full service map and find the right contact point for your needs.

HEARTS Partners

Co-funded by the European Union

www.heartsproject.eu

HEARTS Higher Education Action Response for Trauma Support (Project Number: 2023-1-ES01-KA220-HED-000158841) is a strategic partnership within the Erasmus+ Programme of the European Commission. The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Appendix

HEARTS Information Brochures

This annex brings together the five versions of the HEARTS mental health information brochure, designed for students and staff at the participating universities. Each brochure combines a common section that presents the project, its approach and main resources, with a context specific section that describes the local support network and the access routes to wellbeing and mental health services. All versions include a QR code that links to the full service mapping for the corresponding university.

Download link for the HEARTS information brochures:
https://heartsproject.eu/f/new-hearts-mental-health-brochures-for-each-university

Information Brochures: Detail I

HEARTS
PROMOTING MENTAL HEALTH TOGETHER
cis_iscte
iscte
Mental Health at University
HEARTS Support & Resources
The Context
A Mental Health Crisis
Higher education institutions face an unprecedented mental health crisis, exacerbated by the pandemic, global tensions, and increasing academic stress.
Addressed to Students & Staff
Anxiety Burnout Trauma COVID-19 Academic stress
Our Mission:
Safe and Resilient Environments
The mission of HEARTS is to promote a safe, inclusive, and resilient higher education environment by taking a salutogenic approach that strengthens the factors supporting the university community's mental health and wellbeing through community based, culturally sensitive and digitally relevant health promotion.
A participatory and transdisciplinary approach
Sociology & Creative Approaches
UAB - Spain
Social & Community Theatre
SCT-COREP - Italy
The HEARTS Framework
Photovoice
UNICA - Italy
Social Inclusion
CIS ISCTE - Portugal
Mindfulness & Resilience
CRES-UM - Malta
Sense of Belonging
Connecting with others creates a safety net
Real Inclusion
Considering needs of vulnerable groups
De-stigmatization
Asking for help is safe and encouraged

Information Brochures: Detail II

Sense of Belonging
Connecting with others creates a safety net
Real Inclusion
Considering needs of vulnerable groups
De-stigmatization
Asking for help is safe and encouraged
Brought to life through mental health promotion workshops and practical resources
HEARTS FOUNDATION BRICKS REPORT
Mental Health Needs Assessment of Five European Higher Education Institutions
HEARTS ACTIVITY HANDBOOK
Activities to Foster Culturally-Sensitive and Community-Based Mental Health Promotion in Higher Education
HEARTS GUIDE
A Guide for the Introduction of Culturally Sensitive and Community-Based Mental Health Promotion in Higher Education
DOWNLOAD THE HEARTS RESULTS! heartsproject.eu/results
Your Support Network at UAB Universitat Autònoma de Barcelona
At UAB, you can access a diverse support network for mental health and well-being. If you need immediate or first-line support, the Health Care Service (SAS) provides medical assistance and includes a Psychology Unit. For psychological support, the Psychology and Speech Therapy Service (SPL) offers a first visit free, with follow-up sessions at a reduced fee. If you have Specific Educational Needs, PIUNE provides tailored academic support and inclusion measures. You can also contact the Equality Observatory and its Psychgenre Unit for support related to gender-based violence, discrimination, or emotionally distressing experiences linked to inequality. At a community level, the Mental Health CORE and RSU initiatives promote mental health through awareness, prevention activities and opportunities to connect across campus.
Scan the QR code to explore the full service map and find the right contact point for your needs.
HEARTS Partners
Co-funded by the European Union
www.heartsproject.eu
HEARTS Higher Education Action Response for Trauma Support (Project Number: 2023-1-ES01-KA220-HED-000158841) is a strategic partnership within the Erasmus+ Programme of the European Commission. The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Survey Template (Chapter 2)

SECTION A: Socio-Demographic Details

Please answer the following information about yourself:

1. What is your age?____

2. What's your current relationship status?

- Single
- Living with partner(s)
- In a relationship but not living together
- Married / Civil Partnership
- Divorced / Separated
- Widowed
- Other
- Prefer not to say

3. Are you currently...

- Enrolled as a student at [insert university]?
- Working in an academic or non-academic position at [insert university]?
- None of the above

4. In what type of university degree or program are you currently enrolled in

- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other (Please specify)
- Prefer not to answer

5. Besides from being a student, are you currently working?

- Yes
- No

6. Highest level of education obtained?

- No formal education

- High school diploma
- Bachelor's degree
- Master's degree
- Doctorate degree

7. In what capacity do you work for [insert university]?

- Academic Staff (holds an academic position in any capacity such as a lecturer or researcher)
- Professional Staff (holds a full-time or part-time administrative position such as a manager, coordinator or service)
- Other (Please specify)
- Prefer not to answer

8. What is your religion or with what religious background, if any, do you most identify?

- I have no religion
- Christian (Catholic, Protestant, Orthodox, Evangelic, Old Catholic, etc.)
- Muslim (Shia, Sunni, Sufi, etc.)
- Jewish
- Hindu
- Sikh
- Buddhist
- Other (please specify)
- Prefer not to answer

9. At the top of the scale are the people who are the best off, those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off, those who have the least money, least education, worst jobs, or no job. Please indicate the placement that best represents where you think you stand on the scale

- 10 (Best off)
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 (Worst off)

10. Do you identify as a person with a disability that was present at birth, caused by an accident, or developed over time?

- No
- Yes
- Prefer to self-identify
- Prefer not to answer

11. Generally speaking, what type of disability or disabilities do you have? (Check all that apply.)

- Acquired
- Congenital
- Physical
- Behavioral or emotional
- Cognitive or developmental
- Other (please specify)
- Prefer not to answer

12. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "South Asian." Which race category best describes you? Select all that apply from the following list:

- Black (for example from African, Afro-Caribbean, African-American descent)
- East Asian (for example from Chinese, Korean, Japanese, Taiwanese descent)
- Latino (for example from Latin American, Hispanic, Brazilian descent)
- Middle Eastern (for example from Arab, Persian, North African, West Asian descent, e.g. Afghan, Egyptian, Iranian, etc.)
- South Asian (for example Indian, Pakistani, Sri Lankan, Indo-Caribbean, etc)
- Southeast Asian (for example Filipino, Vietnamese, Cambodian, Thai, other)
- White (from European descent)
- Prefer to self-identify
- Prefer not to answer

13. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female
- Preferred response not listed (please specify)
- Prefer not to answer

14. What is your gender identity?

- Man
- Woman
- Trans / Gender Diverse
- Preferred response not listed (please specify)
- Prefer not to answer

15. Do you consider yourself to be:

- Heterosexual
- Bisexual
- Gay
- Lesbian
- Queer
- Questioning
- Pansexual
- Asexual and/or Aromantic
- Prefer to self-identify
- Prefer not to answer

16. Were you born in [insert country]?

- Yes
- No

17. Please indicate your generation status:

- All of my grandparents and both of my parents were born in in [insert country]
- Both of my parents were born in in [insert country]
- One of my parents was born in in [insert country]
- Neither of my parents were born in in [insert country]

18. What is your home country?

_____

19. How long have you been living in [insert country]?

_____

20. Are you an international student/faculty or are you part of an exchange/mobility program at your current university?

- Yes
- No

21. Do you currently have a permit to stay in [insert country]?

- Yes
- No
- I am an EU citizen and I do not need a residence permit / permit to stay
- Other (please specify)
- Prefer not to answer

22. Which type of permit to stay in [insert country], if any, do you currently have?

- A residence permit/ permit to stay
- Asylum seeker / refugee or subsidiary protection status
- Student visa
- Tourist visa
- Other (please specify)
- Prefer not to answer

23. Do you identify as being part of the Romani or Traveler community?

- Yes (please specify)
- No
- Prefer not to answer

SECTION B: Mental Health (Mental Health Continuum, MHC-SF, Keyes, 2009)

During the past month, how often did you feel ...

1. happy.
2. interested in life.
3. satisfied with life.
4. that you had something important to contribute to society.
5. that you belonged to a community.
6. that our society is a good place, or is becoming a better place, for all people.
7. that people are basically good.
8. that the way our society works makes sense to you.
9. that you liked most parts of your personality.

10. good at managing the responsibilities of your daily life.
11. that you had warm and trusting relationships with others.
12. that you had experiences that challenged you to grow and become a better person.
13. confident to think or express your own ideas and opinions.
14. that your life has a sense of direction or meaning to it.

SECTION C: Student Subjective Well-being Questionnaire (Student Subjective Well-being Questionnaire, SSWQ, Renshaw et al., 2015)

Here are some questions about what you think, feel, and do at school. Read each sentence and choose the one best answer for how you felt over the past month.

1. I have had a great academic experience at this college.
2. I am a hard worker in my classes.
3. I feel like a real part of this school.
4. I am so thankful that I'm getting a college education.
5. I am happy with how I've done in my classes.
6. I am a diligent student.
7. People at this school are friendly to me.
8. I am grateful to the professors and other students who have helped me in class.
9. I am satisfied with my academic achievements since coming to college.
10. I am an organized and effective student.
11. I can really be myself at this school.
12. I feel thankful for the opportunity to learn so many new things.
13. I am pleased with how my college education is going so far.
14. I study well for my classes.
15. Other students here like me the way I am.
16. I am grateful for the people who have helped me succeed in college.

SECTION D: University Identification (Multidimensional Scale of Social Identification, Leach et al., 2008)

Please indicate the extent to which you agree or disagree with each of the statements below:

1. I feel a bond with the [insert partner university] community.
2. I feel solidarity with the [insert partner university] community.
3. I feel committed to the [insert partner university] community.
4. I am glad to be part of the [insert partner university] community.
5. I think that the [insert partner university] community have a lot to be proud of.
6. It is pleasant to be part of the [insert partner university] community.
7. Being part of the [insert partner university] community gives me a good feeling.
8. I often think about the fact that I am part of the [insert partner university] community.
9. The fact that I am part of the [insert partner university] community is an important part of my identity.
10. Being part of the [insert partner university] community is an important part of how I see myself.

11. I have a lot in common with the average member of the [insert partner university] community.
12. I am similar to the average member of the [insert partner university] community.
13. [insert partner university] people have a lot in common with each other.
14. [insert partner university] people are very similar to each other.

SECTION E: Cultural Identification (Single-item Social Identification, SISI, Postmes et al., 2013)

Please indicate the extent to which you agree or disagree with each of the statements below:

1. I identify with [insert partner university] and its community

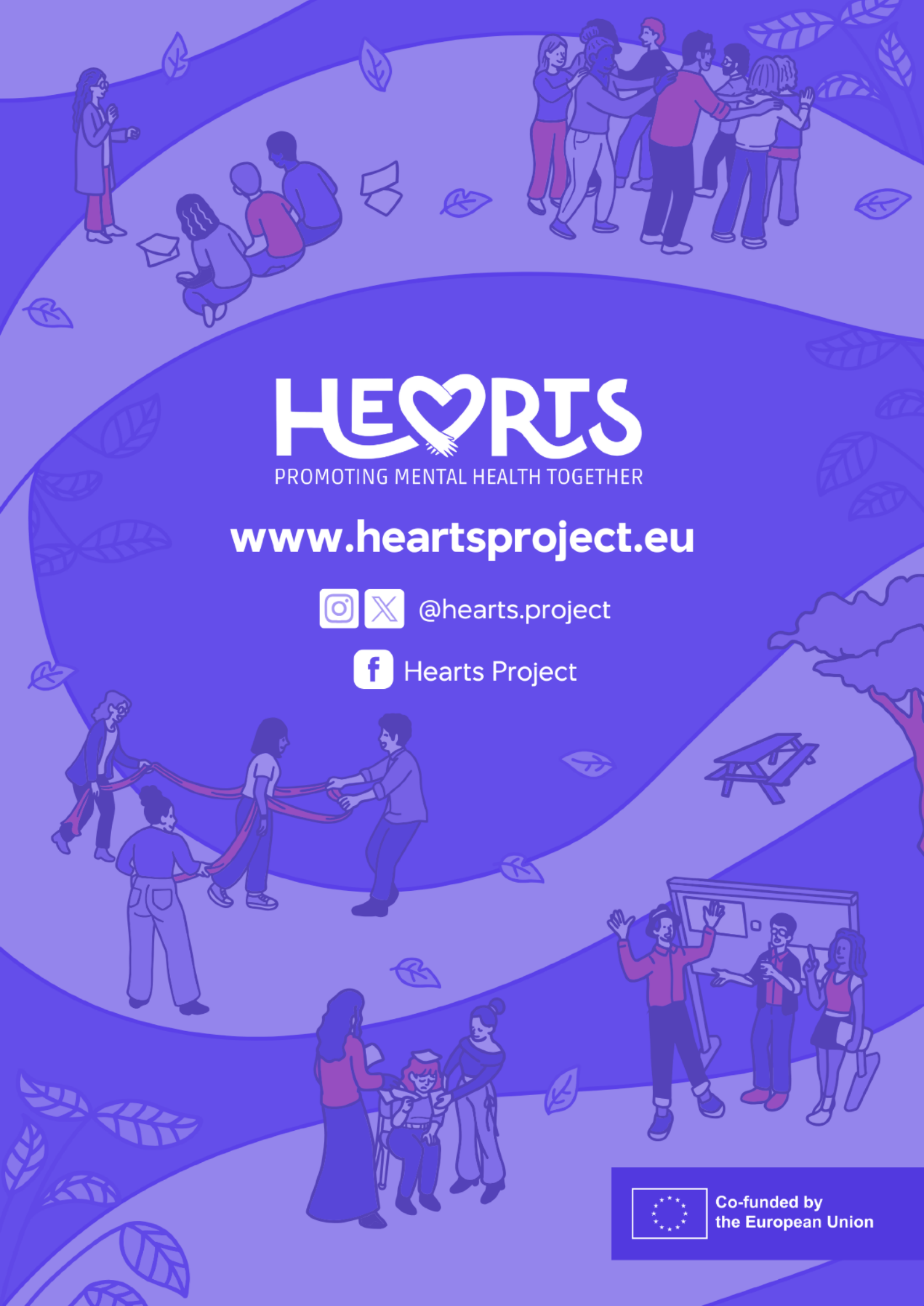
SECTION F: University Social Support / Family & Friends Social Support (Perceived Social Support Scale, van Dick & Haslam, 2012)

Please indicate the extent to which you agree or disagree with each of the statements below:
1. I get the emotional support I need from [insert partner university].
2. I get the help I need from [insert partner university].
3. I get the resources I need from [insert partner university].
4. I get the advice I need from [insert partner university].

Please indicate the extent to which you agree or disagree with each of the statements below:
1. I get the emotional support I need from [family/friends].
2. I get the help I need from [family/friends].
3. I get the resources I need from [family/friends].
4. I get the advice I need from [family/friends].

SECTION G: Mental Health Self-Stigma (Self-Stigma of Seeking Help, SSOSH, Vogel et al., 2006)

Please indicate the extent to which you agree or disagree with each of the statements below:
1. I would feel inadequate if I went to a psychotherapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a psychotherapist.
5. My view of myself would not change just because I made the choice to see a psychotherapist.
6. It would make me feel inferior to ask a psychotherapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a psychotherapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.


HEARTS
PROMOTING MENTAL HEALTH TOGETHER
www.heartsproject.eu
@hearts.project
Hearts Project
Co-funded by
the European Union